

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila,</u>		BUREAU OF VITAL STATISTICS	
District of <u>Globe.</u>		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>100</u>	
or		County Registrar No. <u>93</u>	
City of <u>Globe.</u>		Local Registrar No. _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Rose Jones,</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?
<u>Female</u>			<u>Yes.</u>
6. Date of birth		7. Date of birth	
<u>2 7 1923</u>		<u>2 7 1923</u>	
Month Day Year		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>John Jones,</u>		Full maiden name <u>Hattie Rivrs</u>	
9. Residence (Usual place of abode)		15. Residence (Usual place of abode)	
If nonresident, give place and state <u>Globe</u>		If nonresident, give place and state <u>Globe</u>	
10. Color or race <u>Colored</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>23</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) <u>Globe,</u>		18. Birthplace (city or place) <u>Ft. Apache,</u>	
(State or country) <u>Arizona.</u>		(State or country) <u>Arizona.</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Laborer</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>Yes</u>	
(a) Born alive and now living <u>1</u>			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>11 P.M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>G. E. Veighman</u>	
		(Physician or midwife)	
		Address <u>Globe, Ariz.</u>	
Given name added from a supplemental report _____		Filed <u>2/16</u> 19 <u>23</u>	
Month, day, year.		Local Registrar. <u>B. G. Jay</u>	
Registrar. _____		Filed <u>3/5</u> 19 <u>23</u>	
		County Registrar. <u>B. G. Jay</u>	

912-207-892