

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH  
1. County of Gila,  
District of Globe,  
Town of \_\_\_\_\_  
or  
City of Globe, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 137  
County Registrar No. 156  
Local Registrar No. \_\_\_\_\_

2. Full name of child Wade Criswel Brewer, { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male { To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth 3 6 1923  
Month Day Year

<p>8. <b>FATHER</b> Full name <u>Fred R. Brewer,</u></p> <p>9. Residence (Usual place of abode) If nonresident, give place and state <u>Globe,</u></p> <p>10. Color or race <u>White</u></p> <p>11. Age at last birthday <u>31</u> (Years)</p> <p>12. Birthplace (city or place) <u>Ft. Thomas,</u> (State or country) <u>Arizona.</u></p> <p>13. Occupation Nature of industry <u>Smelterman</u></p>	<p>14. <b>MOTHER</b> Full maiden name <u>Ella Taylor,</u></p> <p>15. Residence (Usual place of abode) If nonresident, give place and state <u>Globe,</u></p> <p>16. Color or race <u>White,</u></p> <p>17. Age at last birthday <u>25</u> (Years)</p> <p>18. Birthplace (city or place) <u>Pima,</u> (State or country) <u>Arizona.</u></p> <p>19. Occupation Nature of industry <u>Housewife,</u></p>
---	--

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(b) Born alive but now dead 0  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? Yes,

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* P.**

I hereby certify that I attended the birth of this child, who was Alive at 10:30 p.m. on the date above stated.  
(Born alive or stillborn.)<sup>†</sup>

\*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 E. E. Wagoner (Physician or midwife)  
Address Globe, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed 3/10 1923 R. E. Joy Local Registrar.  
Filed 4-6 1923 R. E. Joy County Registrar.

Registrar.

629-306-539