

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.

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

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

2. Full name of child Adolphus Francis Walters Jr. If child is not yet named, make supplemental report, as directed

3. Sex of child M To be answered ONLY in event of plural births. 4. Twin, triplet or other No. In order of birth. 5. Legitimate? Yes 6. Date of birth 2/11/23 (Month, day, year)

<p>8. FATHER Full name <u>Adolph Walters</u></p> <p>9. Residence (Usual place of abode) <u>327 Pine St Globe</u> If nonresident, give place and State</p> <p>10. Color or race <u>W.</u></p> <p>11. Age at last birthday <u>62</u> (Years)</p> <p>12. Birthplace (city or place) _____ (State or country)</p> <p>13. Occupation <u>Miner</u> Nature of Industry</p>	<p>14. MOTHER Full maiden name <u>Mary Baehr</u></p> <p>15. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and State</p> <p>16. Color or race <u>W.</u></p> <p>17. Age at last birthday <u>46</u> (Years)</p> <p>18. Birthplace (city or place) <u>Missouri</u> (State or country)</p> <p>19. Occupation <u>Housewife</u> Nature of Industry</p>
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20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)  
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born at 4:00 p.m. 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 W. H. Hunt M.D.  
Address Globe Ariz

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

Registrar. 162-401-429

Filed 4-6, 1923 B. B. Gray Local Registrar.  
Filed 5-6, 1923 B. B. Gray County Registrar.