

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**

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Baby Moore (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.

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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 April 9 1923 Month Day Year

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FATHER		MOTHER	
8. Full name <u>Festus Moore</u>		14. Full maiden name <u>Ellen Layton</u>	
9. Residence (Usual place of abode) <u>Globe Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe Ariz.</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>38</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>34</u> (Years)
12. Birthplace (city or place) <u>Texas</u> (State or country)		18. Birthplace (city or place) <u>Arizona</u> (State or country)	
13. Occupation <u>Labourer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes.</u>	
(a) Born alive and now living <u>7</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			

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

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 a.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 C. W. Adams (Physician or midwife)  
Address Globe Ariz.

Given name added from a supplemental report 045-409-535 Month, day, year. Registrar.

Filed 6-11, 1923 B. E. Jay Local Registrar.  
Filed 6-11, 1923 B. E. Jay County Registrar.

*Baby was born alive but died few hours later. Parents left before data above was obtained and have been unable to get it until now.*  
*C. W. Adams*