

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

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH		
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>149</u>
District of <u>Globe</u>		ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>249</u>
Town of _____				Local Registrar No. _____
or _____				
City of <u>Globe</u>		No. _____		St. _____ Ward _____
2. Full name of child <u>Buben Herbert Nelson Jr</u>				(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.
3. Sex of Child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? _____	7. Date of birth <u>4 15 23</u>
		5. No., in order of birth _____	Month Day Year	
8. FATHER		14. MOTHER		
Full name <u>Buben Herbert Nelson</u>		Full maiden name <u>Mathe Shultz</u>		
9. Residence (Usual place of abode) <u>East Gulch</u>		15. Residence (Usual place of abode) <u>East-Gulch</u>		
If nonresident, give place and state <u>Silva Texas</u>		If nonresident, give place and state _____		
10. Color or race <u>W</u>	11. Age at last birthday <u>28</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>18</u> (Years)	
12. Birthplace (city or place) <u>Wake wood</u>		18. Birthplace (city or place) <u>Hammilton</u>		
(State or country) <u>New Mexico</u>		(State or country) <u>Texas</u>		
13. Occupation <u>Farmer</u>		19. Occupation <u>Dr W</u>		
Nature of industry _____		Nature of industry _____		
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 <u>1</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</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>10 a.</u> 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 <u>E. E. Wightman</u>		
		(Physician or midwife)		
Given name added from a supplemental report _____		Address <u>_____</u>		
Month, day, year. _____		Filed <u>4-20</u> 19 <u>23</u>		
Registrar. _____		Filed <u>5-3</u> 19 <u>23</u>		
		Local Registrar. <u>_____</u>		
		County Registrar. <u>_____</u>		

955-415-429