

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 of each, 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 _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Globe</u>		State Index No. <u>113</u>	County Registrar No. <u>284</u>
or _____		Local Registrar No. _____	
City of _____		No. _____	St. _____ Ward _____
2. Full name of child <u>Arthur William Peague</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 _____	6. Legitimate? <u>yes</u>
		5. No., in order of birth _____	7. Date of birth <u>5-1-23</u>
8. FATHER		14. MOTHER	
Full name <u>Sam Jones</u>		Full maiden name <u>Anna Peague</u>	
9. Residence (Usual place of abode)		15. Residence (Usual place of abode)	
If nonresident, give place and state <u>Globe, Ariz</u>		If nonresident, give place and state <u>Globe Ariz</u>	
10. Color or race <u>W</u>	11. Age at last birthday <u>46</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Texas</u>		18. Birthplace (city or place) <u>St. Thomas</u>	
(State or country)		(State or country) <u>Arizona</u>	
13. Occupation <u>Laborer</u>		19. Occupation <u>H. 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.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>5</u>		<u>yes</u>	
(b) Born alive but now dead <u>1</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 <u>alive</u> (Born alive or stillborn) at <u>4 9</u> m. on the date above stated.			
*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. Wright</u> (Physician or midwife)	
Address <u>Globe Ariz</u>			
Given name added from a supplemental report _____		Filed <u>5/3</u> 19 <u>23</u> <u>B. G. J. O'P</u> (County Registrar)	
Month, day, year _____		Filed <u>6/5</u> 19 <u>23</u> <u>B. G. J. O'P</u> (County Registrar)	
Registrar _____		County Registrar _____	

135-501-135