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WHEN FATHER, WITH ONE SEPARATE RETURN must be made for each, and the number of children in order of birth stated.
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.

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

1. County of Sela PLACE OF BIRTH
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 _____ (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. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth 5 2 1923
Month Day Year

8. FATHER Full name John H. Roberts 14. MOTHER Full maiden name Lilly Carter
9. Residence (Usual place of abode) Globe Ariz 15. Residence (Usual place of abode) Globe
If nonresident, give place and state If nonresident, give place and state
10. Color or race W. 11. Age at last birthday 40 (Years) 16. Color or race W. 17. Age at last birthday 28 (Years)
12. Birthplace (city or place) Bandera County Texas 18. Birthplace (city or place) _____
(State or country) (State or country) Oklahoma
13. Occupation Laborer 19. Occupation Housewife
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 7 (b) Born alive but now dead 0 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 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 H. H. Norst M.D.
Address Globe Ariz
Given name added from a supplemental report _____ Month, day, year. _____
Filed May 6 1923 _____
Filed 6-5 1923 _____
Registrar. _____ Local Registrar. B. G. Soy
County Registrar. B. G. Soy

092-503-339