

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

PLACE OF BIRTH

1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or Globe  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151  
County Registrar No. 328  
Local Registrar No. \_\_\_\_\_

2. Full name of child Gila Marys  
(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 M To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth 5-18-23  
Month Day Year

8. FATHER  
Full name Carroll A. Cross

14. MOTHER  
Full maiden name Franne Lytle

9. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state \_\_\_\_\_

15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state \_\_\_\_\_

18. Color or race W  
11. Age at last birthday 38 (Years)

16. Color or race W  
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) (State or country) Texas

18. Birthplace (city or place) (State or country) San Angelo, Texas

13. Occupation Nature of industry Physician

19. Occupation Nature of industry H.W.

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 3  
(b) Born alive but now dead 1  
(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 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 G. E. Wightman  
Address Globe, Ariz.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar.

Filed 5-22, 1923 B. G. Day Local Registrar.  
Filed 6-5, 1923 B. G. Day County Registrar.

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