

WRITE PLAINLY WITH UNFADE 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 children in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH		BUREAU OF VITAL STATISTICS		State Index No. <u>163</u>
1. County of <u>Globe</u>		ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>395</u>
District of <u>Globe</u>				Local Registrar No. _____
Town of _____				St. _____ Ward _____
or				(If birth occurred in a hospital or institution, give its NAME instead of street and number)
City of <u>Globe</u>				No. _____
2. Full name of child <u>Gene Helen Price</u>				If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>F</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? _____	7. Date of birth <u>May 22 1923</u>
		5. No., in order of birth _____	Month Day Year	
8. FATHER		14. MOTHER		
Full name <u>Leonard H. Price</u>		Full maiden name <u>Ruby H. Estes</u>		
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe Ariz</u>		
If nonresident, give place and state _____		If nonresident, give place and state _____		
10. Color or race <u>White</u>	11. Age at last birthday <u>36</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>27</u> (Years)	
12. Birthplace (city or place) <u>Hoguanan Washng.</u>	(State or country)	18. Birthplace (city or place) <u>La Veta Colo</u>	(State or country)	
13. Occupation <u>Engineer</u>	Nature of industry <u>mining</u>	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.)		(a) Born alive and now living _____		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>7 1/2</u> 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 <u>Jr. W. Horst, M.D.</u>		
		(Physician or midwife)		
		Address <u>Globe Ariz</u>		
Given name added from a supplemental report _____		Filed <u>May 25 1923</u>		
Month, day, year.		Local Registrar. <u>BY Jox</u>		
Registrar. _____		Filed <u>6-25 1923</u>		
		County Registrar. <u>BY Jox</u>		

775-522-952