

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

State Index No. 171  
 County Registrar No. 344  
 Local Registrar No. \_\_\_\_\_

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

2. Full name of child Helen Vera Sorrells (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

3. Sex of Child 2f To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_  
 If child is not yet named, make supplemental report, as directed.

7. Date of birth 5-26-25  
 Month Day Year

8. FATHER  
 Full name Berkel Sorrells

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

10. Color or race W

11. Age at last birthday 22 (Years)

12. Birthplace (city or place) New Mexico  
 (State or country)

13. Occupation  
 Nature of industry Cook

14. MOTHER  
 Full maiden name Josephine E. Arnold

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

16. Color or race W

17. Age at last birthday 45 (Years)

18. Birthplace (city or place) New Mexico  
 (State or country)

19. Occupation  
 Nature of industry W L

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 1  
 (b) Born alive but now dead \_\_\_\_\_  
 (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 (Born alive or stillborn.) at 12:10 p.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 H. E. Wightman  
 Address Globe, Ariz  
 (Physician or midwife)

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

Filed 5-30-25 1925  
 Filed 6-5-25 1925

Registrar. \_\_\_\_\_  
 Local Registrar. B. G. Neal  
 County Registrar. \_\_\_\_\_

822-526-116

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.