

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	State Index No. <u>181</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>348</u>
Town of <u>Globe</u>			Local Registrar No. _____
or _____			
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 <u>Alma Bertie Smithson</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>yes</u>		7. Date of birth <u>5/29/23</u>	(Month, day, year)
8. FATHER Full name <u>Od's Smithson</u>		14. MOTHER Full maiden name <u>Louise Workley</u>	
9. Residence <u>Globe, Ariz</u> (Usual place of abode) If nonresident, give place and State		15. Residence <u>Globe, Ariz</u> (Usual place of abode) If nonresident, give place and State	
10. Color or race <u>white</u>	11. Age at last birthday <u>18</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Arizona</u> (State or country)		18. Birthplace (city or place) <u>Arizona</u> (State or country)	
13. Occupation <u>clerk at mine</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</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 born alive at 11:10 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 T. C. Harper, M.D.
(Physician or midwife)

Address Globe, Ariz

Given name added from a supplemental report _____
(Month, day, year)

Filed May 31, 1923 J. J. Jay Local Registrar.
Filed 6-5, 1923 B. J. Jay County Registrar.

Registrar. 125-529-368