

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.

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

1. County of Gila State Index No. 168  
District of \_\_\_\_\_ County Registrar No. 403  
Town of Globe 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 Annie Barbara { If child is not yet named, make supplemental report, as directed.

3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. 1 6. Legitimate? yes Date of birth June 28 - 23  
Month Day Year

<p>8. FATHER Full name <u>Bete Barbara</u> Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state _____</p> <p>10. Color or race <u>W</u></p> <p>11. Age at last birthday <u>42</u> (Years)</p> <p>12. Birthplace (city or place) <u>Austria</u> (State or country)</p> <p>13. Occupation <u>Merchant</u> Nature of industry</p>	<p>14. MOTHER Full maiden name <u>Annie Rodriguez</u> Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state _____</p> <p>16. Color or race <u>Mex</u></p> <p>17. Age at last birthday <u>23</u> (Years)</p> <p>18. Birthplace (city or place) <u>Col</u> (State or country)</p> <p>19. Occupation <u>Housewife</u> Nature of industry</p>
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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 2  
(b) Born alive but now dead 1  
(c) Stillborn 0

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 born alive at 12:30 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 R. J. Hermy (Physician or midwife)  
Address Globe

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

Filed 7-5 1923 B. G. Jay Local Registrar.  
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