

MARGIN RESERVED FOR BINDING
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

State Index No. 175
County Registrar No. 408
Local Registrar No. _____

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

2. Full name of child Alfred Glenn Huestis
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. _____ St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth June 30 1923
Month Day Year

8. FATHER
Full name Walter Benjamin Huestis

14. MOTHER
Full maiden name Mattie Russell

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

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If nonresident, give place and state

10. Color or race white 11. Age at last birthday 38 (Years)

16. Color or race white 17. Age at last birthday 37 (Years)

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

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

13. Occupation
Nature of industry miner (Copper)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 8
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(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 Globe, Arizona 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 J. C. Harper, M.D.
Address Globe, Arizona
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. _____
Filed 7-1, 1923 _____
Filed 7-5, 1923 _____
Local Registrar. _____
County Registrar. _____

182-630-493