

1003

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 Gila
District of _____
Town of _____
or _____
City of Globe

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169
County Registrar No. 463
Local Registrar No. _____

2. Full name of child Ormonde Clyde O'Connor
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes.
5. No., in order of birth _____ 7. Date of birth July 18 1923
Month Day Year

8. FATHER
Full name Francis Clyde O'Connor
9. Residence (Usual place of abode) Globe Arizona
If nonresident, give place and state
10. Color or race white
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Sau Francisco California
(State or country)
13. Occupation
Nature of industry Truck driver

14. MOTHER
Full maiden name Leona Frances Butler
15. Residence (Usual place of abode) Globe Arizona
If nonresident, give place and state
16. Color or race white
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Shawnee Oklahoma
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 1
(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 6:15 A. 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 C. W. Adams
Address Globe, Ariz.
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. Filed July 20 1923 B. G. J. J. Local Registrar.
Filed 5-5 1923 B. S. J. J. County Registrar.

669-716-329