

4014

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

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

State Index No. 180  
County Registrar No. 472  
Local Registrar No. \_\_\_\_\_

2. Full name of child John Martin Zimmermann  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
St. \_\_\_\_\_ Ward \_\_\_\_\_  
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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth July 22 1923  
Month Day Year

8. Full name <u>Martin A. Zimmermann</u> FATHER	14. Full maiden name <u>Paula Radloff</u> MOTHER
9. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state
10. Color or race <u>White</u>	16. Color or race <u>W.</u>
11. Age at last birthday <u>27</u> (Years)	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) <u>Minnesota</u> (State or country)	18. Birthplace (city or place) <u>Wisc.</u> (State or country)
13. Occupation <u>Preacher</u> Nature of industry <u>Suther church</u>	19. Occupation <u>Housewife</u> Nature of industry
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 _____ (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>

**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 11:30 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 W. W. Host MD  
Address Globe Ariz.  
(Physician or midwife)

Given name added from \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed 7-25 1923 B. G. Jay Registrar.  
Filed 8-5 1923 B. G. Jay County Registrar.

195-722-796