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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 State Index No. 183
District of _____ County Registrar No. 474
Town of _____ or _____ Local Registrar No. _____
City of Geoph No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Davis Deurr If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 7 23 Month Day Year

8. FATHER Full name <u>Joe Deurr</u>		14. MOTHER Full maiden name <u>Bessie Hampton</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz.</u> If nonresident, give place and state _____		15. Residence (Usual place of abode) <u>Globe, Ariz.</u> If nonresident, give place and state _____	
10. Color or race <u>W</u>	11. Age at last birthday <u>42</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>34</u> (Years)
12. Birthplace (city or place) <u>England</u> (State or country)		18. Birthplace (city or place) <u>England</u> (State or country)	
13. Occupation <u>Miner</u> Nature of industry _____		19. Occupation <u>W U</u> Nature of industry _____	

20. Number of children of this mother (a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.)

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 (Born alive or stillborn.) at 9 a. 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 G. E. Wray (Physician or midwife)
Address Globe, Ariz.

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

Filed 7-26 1923 B.S.J. a Local Registrar.
Filed 8-3 1923 B.S.J. a County Registrar.

469-723-295