

4817

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. 142  
County Registrar No. 510  
Local Registrar No. \_\_\_\_\_

2. Full name of child Infant Cohoon (Premature - died in hrs.)  
(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 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 Aug. 5 1923  
Month Day Year

8. FATHER  
Full name Jack Cohoon  
9. Residence (Usual place of abode) Globe Arizona  
If nonresident, give place and state  
10. Color or race White  
11. Age at last birthday 33 (Years)

14. MOTHER  
Full maiden name Bessie Violet Hildebrandt  
15. Residence (Usual place of abode) Globe Arizona  
If nonresident, give place and state  
16. Color or race White  
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) (State or country) Illinois

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

13. Occupation  
Nature of industry Carpenter

19. Occupation  
Nature of industry Housewife

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 4  
(b) Born alive but now dead 2  
(c) Stillborn 1  
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 7:30 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 C. W. Adams  
(Physician or midwife)  
Address Globe, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed 8-10-23 1923 B. E. J. G.  
Filed 9-1-23 1923 B. E. J. G.  
Local Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

035-805-288