

1005

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Globe

or

City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruth Janice Brome { If child is not yet named, make supplemental report, as directed.

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 192

County Registrar No. 551

Local Registrar No. _____

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 8-28-23
Month Day Year

8. FATHER
Full name Charles Willard Brome

14. MOTHER
Full maiden name Miriam Candall

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

15. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state

10. Color or race White 11. Age at last birthday 49 (Years)

16. Color or race White 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Brooklyn new york
(State or country)

18. Birthplace (city or place) Milton Junction Wis.
(State or country)

13. Occupation
Nature of industry public accountant

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 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 9p. 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 T.C. Harper (Physician or midwife)
Address Globe, Ariz.

Given name added from a supplemental report _____ Month, day, year. Filed 9/3 1923 Local Registrar. Filed 4/15 1928 County Registrar.

In order of birth stated.

925-828-433