

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

State Index No. 120
County Registrar No. 383
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of Globe
Town of
or Bom at El Cajetan 20 miles from Globe
City of

2. Full name of child Not Named - Lived only few minutes
No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. Ward

3. Sex of Child M To be answered ONLY in event of plural births.
4. Twin, triplet or other Twin 2
5. No., in order of birth 2
6. Legitimate? Yes
7. Date of birth Sept 9 1923
Month Day Year

8. FATHER
Full name Leonard Sorrells

14. MOTHER
Full maiden name Vashti Waldrip

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

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

10. Color or race W.
11. Age at last birthday 26 (Years)

16. Color or race W.
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Springville Ariz.
(State or country)

18. Birthplace (city or place) Mountain Park
(State or country) New Mex

13. Occupation
Nature of industry Cattle Rancher

19. Occupation
Nature of industry Homemaker

20. Number of children of this mother (a) Born alive and now living 1
(b) Born alive but now dead 2
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 15

I hereby certify that I attended the birth of this child, who was alive at 6:45 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 W. H. Hord, M.D.
Address Globe Ariz.
(Physician or midwife)

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

Filed Sep 12 1923
Filed Oct 5 1923
Local Registrar
County Registrar.

022-909-567