

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of Globe  
Town of \_\_\_\_\_  
or Pioneer Road - 3 miles from Globe  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123  
County Registrar No. 542  
Local Registrar No. \_\_\_\_\_

2. Full name of child Diagnosed case of Aspiration Pneumonia  
(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 F To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth Sept 10 1923  
Month Day Year

8. FATHER  
Full name Edley O. Brenner

14. MOTHER  
Full maiden name Mirl Freeman

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

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

10. Color or race W  
11. Age at last birthday 24 (Years)

16. Color or race W  
17. Age at last birthday 24 (Years)

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

18. Birthplace (city or place) Livingston Ariz  
(State or country) Near Roosevelt Ariz

13. Occupation  
Nature of industry Dentist

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 0  
(b) Born alive but now dead 6  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* 45

I hereby certify that I attended the birth of this child, who was born at 7:00 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 M. J. Horst M.D.  
Address Globe Ariz  
(Physician or midwife)

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

Filed Sept 12, 1923 B. G. Jay Local Registrar.  
Filed Oct 5, 1923 B. G. Jay County Registrar.

029-910-465