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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168

County Registrar No. 625

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alfred Allen Steinke — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Male

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 Sept. 29 1923 (Month Day Year)

8. FATHER

Full name Alfred Allen Steinke

9. Residence (Usual place of abode) ~~Council Bluffs~~ Globe

If nonresident, give place and state ~~Iowa~~ Ariz.

10. Color or race: White

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Council Bluffs

(State or country) Iowa

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Ollie Lee Haught

15. Residence (Usual place of abode) Globe

If nonresident, give place and state Arizona

16. Color or race: White

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Payson

(State or country) Arizona

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 1

(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 4:30 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 10-1, 1923 — Local Registrar.

Filed 10-5, 1923 — County Registrar.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

125-929-683