

967

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. 124
County Registrar No. 659
Local Registrar No. _____

2. Full name of child Donna Elaine Herrell } 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 10 6 1923
Month day year

8. FATHER
Full name Louis Donald Herrell
9. Residence (Usual place of abode) Globe
If nonresident, give place and state Ariz
10. Color or race W
11. Age at last birthday 32 (Years)
12. Birthplace (city or place) Cullman
(State or country) Alabama
13. Occupation
Nature of industry dispatcher

14. MOTHER
Full maiden name Ernestine Cornner
15. Residence (Usual place of abode) Globe
If nonresident, give place and state Ariz
16. Color or race W
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Canyon
(State or country) Idaho
19. Occupation
Nature of industry Dr. W

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 6 (b) Born alive but now dead 0 (c) Stillborn _____ 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 or stillborn.) at _____ 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 evidences of life after birth.
Given name added from a supplemental report _____
Signature L. E. Wightman (Physician or midwife)
Address _____
Filed 10-10, 1923 Local Registrar [Signature]
Filed 11-5, 1923 County Registrar [Signature]

Registrar.

493-1006-539