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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151
County Registrar No. 719
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 Thelma Cecelia Wolf.
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 Oct. 16 23 (Month Day Year)

8. FATHER
Full name Harry Herman Wolf.
9. Residence (Usual place of abode) Globe
If nonresident, give place and state Arizona
10. Color or race White
11. Age at last birthday 30 (Years)
12. Birthplace (city or place)
(State or country) Missouri
13. Occupation
Nature of industry Laborer.

14. MOTHER
Full maiden name Minnie Agnes Jones
15. Residence (Usual place of abode) Globe
If nonresident, give place and state Arizona
16. Color or race White
17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Clifton
(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 5
(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 ~~or stillborn~~. (Born alive ~~or stillborn~~.) at 8 20 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 C W Adams (Physician or midwife)
Address Globe, Arizona.

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

Filed 11-10, 1928 B. G. Fox Local Registrar.
Registrar.
Filed 11-10 1928 B. G. Fox County Registrar.

360 - 1016 - 4112

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