

1017

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 in order of birth stated.

PLACE OF BIRTH

1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or Globe  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166  
County Registrar No. 092  
Local Registrar No. \_\_\_\_\_

2. Full name of child Virginia Lorene Stephens  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? y  
7. Date of birth Oct 22 1923  
Month Day Year

8. FATHER  
Full name Marcelous F. Stephens  
9. Residence (Usual place of abode) Globe  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race W.  
11. Age at last birthday 27 (Years)  
12. Birthplace (city or place) Kingfisher Okla  
(State or country).  
13. Occupation Miner  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Opal Dodge  
15. Residence Hill + Tortis St Globe  
(Usual place of abode)  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race W.  
17. Age at last birthday 26 (Years)  
18. Birthplace (city or place) Ciedmont Okla  
(State or country).  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother (a) Born alive and now living 2  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead ?  
(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 at 4 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 H. H. Horst M.D.  
Address Globe Ariz  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed 10-26 1923  
Registrar. Filed 11-5 1923  
Local Registrar. \_\_\_\_\_  
County Registrar.

522-1022-625