

1044

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of
in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 190
County Registrar No. 707
Local Registrar No. _____

PLACE OF BIRTH
1. County of Globe
District of _____
Town of _____
or Globe
City of _____ No. _____ St. _____ Ward _____

2. Full name of child Ruth Elizabeth Shipp
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 29 - 1923
Month Day Year

8. FATHER
Full name Benjamin Earvin Shipp
9. Residence (Usual place of abode) Globe Ariz
If nonresident, give place and state

14. MOTHER
Full maiden name Merinae Lynch
15. Residence (Usual place of abode) Globe Ariz
If nonresident, give place and state

10. Color or race W. 11. Age at last birthday 26 (Years)

16. Color or race W. 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Corpus Christi Texas
(State or country)

18. Birthplace (city or place) Bell County Texas
(State or country) 20 miles from Temple Texas

13. Occupation Mill worker
Nature of industry mining

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 2
(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 alive at 3 A.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. V. Horst (Physician or midwife)
Address Globe Ariz

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed 11-1, 1923 B. G. Jay Local Registrar.
Filed 11-5, 1923 B. G. Jay County Registrar.

927-1029-434