

1876

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Globe  
District of Globe  
Town of Globe  
City of Globe

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171  
County Registrar No. 786  
Local Registrar No. \_\_\_\_\_

2. Full name of child Goldie Lee Sheppard  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

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? \_\_\_\_\_ 7. Date of birth 11 20 23  
Month day year

FATHER  
8. Full name Gee C. Sheppard  
9. Residence (Usual place of abode) Globe Ariz  
If nonresident, give place and state  
10. Color or race White  
11. Age at last birthday 28 (Years)  
12. Birthplace (city or place) Sangerchie Texas  
(State or country)  
13. Occupation Labourer  
Nature of industry

MOTHER  
14. Full maiden name Josephine Brown  
15. Residence (Usual place of abode) Globe Ariz  
If nonresident, give place and state  
16. Color or race White  
17. Age at last birthday 22 (Years)  
18. Birthplace (city or place) Glasstiff Ariz  
(State or country)  
19. Occupation House wife  
Nature of industry

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 alive at 5a 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 evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Signature G. E. Wrightman (Physician or midwife)  
Address Globe Ariz  
Filed 11-22, 1923 Local Registrar.  
Filed 11-22, 1923 County Registrar.

724-1120-145