

1879

PLACE OF BIRTH

1. County of Yila
District of _____
Town of Globe
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174
County Registrar No. 789
Local Registrar No. _____

2. Full name of child Ammon Michie Whipple, Jr. (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 1 4. Twin, triplet or other 1 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth 11-21-1923
Month Day Year

8. FATHER
Full name Ammon Michie Whipple
9. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state
10. Color or race white
11. Age at last birthday 26 (Years)
12. Birthplace (city or place) Arizona
(State or country)
13. Occupation
Nature of industry Carpenter

14. MOTHER
Full maiden name Libby Elsie Cooper
15. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state
16. Color or race white
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Seneca
(State or country) Fla.
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 1 (b) Born alive but now dead 2 (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 at 10:10 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 T.C. Harper, M.D. (Physician or midwife)
Address Globe, Ariz.

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed 11-25 1923 _____ Local Registrar.
Filed 12-5 1923 _____ County Registrar.

165-1121-339