1892

V

PLACE OF BIRTH

1. County of Gila

District of

Town of Globe

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 183

County Registrar No. 794

Local Registrar No.

No. County Hospital St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Harold Worthington Pickerill (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.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate? Yes

7. Date of birth Nov 25 - 1923 (Month day year)

FATHER

8. Full name Harold M. Pickerill

9. Residence (Usual place of abode) Globe

If nonresident, give place and state Arizona

10. Color or race White

11. Age at last birthday 26 (Years)

12. Birthplace (city or place)

(State or country) Washington

13. Occupation Pianist

Nature of industry

MOTHER

14. Full maiden name Emma Effie Jamison

15. Residence (Usual place of abode) Globe Ariz.

If nonresident, give place and state

16. Color or race White

17. Age at last birthday 17 (Years)

18. Birthplace (city or place)

(State or country) Montana

19. Occupation Housewife

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 Born alive at 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 evidences of life after birth.

Signature Charles E. Irwin M.D.

(Physician or midwife)

Address Miami Ariz.

Given name added from a supplemental report

Month, day, year.

Filed 11-30, 1923 [illegible] Local Registrar

Filed 12-5, 1923 [illegible] County Registrar.

Registrar.

873-1125-111