

1913

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 199  
County Registrar No. 799  
Local Registrar No. \_\_\_\_\_

2. Full name of child John Wesley Coleman  
No. \_\_\_\_\_ 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 M 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 Nov 30 - 1913  
Month day year

8. FATHER  
Full name Patrick W. Coleman

14. MOTHER  
Full maiden name Emma McMullen

9. Residence (Usual place of abode) 2nd & Cottonwood  
If nonresident, give place and state Globe

15. Residence (Usual place of abode) 2nd & Cottonwood St  
If nonresident, give place and state Globe

10. Color or race White

16. Color or race W

11. Age at last birthday 45 (Years)

17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Missouri  
(State or country)

18. Birthplace (city or place) Kansas  
(State or country)

13. Occupation Vocal instructor  
Nature of industry

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 4  
(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 alive (Born alive or stillborn.) at 11 P.M. on the date above stated.

\*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 N. W. Hows, M.D.  
(Physician or midwife)

Address \_\_\_\_\_  
Given name added from \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed 12-2, 1913 B. G. Joy Local Registrar.  
Filed 12-5, 1913 B. G. Joy County Registrar.

135-1130-545