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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 120
County Registrar No. 833
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of
Town of Globe
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Virginia Boyd — 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: L
5. No., in order of birth:

6. Legitimate? yes

7. Date of birth 12-8-1923 (Month Day Year)

FATHER

8. Full name: John Jackson Boyd
9. Residence (Usual place of abode): Globe, Ariz
If nonresident, give place and state:
10. Color or race: white
11. Age at last birthday 26 (Years)
12. Birthplace (city or place): Mondhaus
(State or country): Texas
13. Occupation: Automobile Mechanic
Nature of industry:

MOTHER

14. Full maiden name: Olive Amanda Shultz
15. Residence (Usual place of abode): Globe, Ariz.
If nonresident, give place and state:
16. Color or race: white
17. Age at last birthday 25 (Years)
18. Birthplace (city or place): Gainesville
(State or country): Texas
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: 3
(b) Born alive but now dead: 1
(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 (Born alive or stillborn.) at 4:50 A.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 evidence of life after birth.

Signature: T.C. Harper, M.D. (Physician or midwife)
Address: Globe, Arizona

Given name added from a supplemental report ..... Month, day, year.
Registrar.

Filed 12-12, 1923 — B. G. Dick, Local Registrar.
Filed 1-5, 1924 — B. G. Dick, County Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

524-1208-629