

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila State Index No. 135
District of _____ County Registrar No. 848
Town of _____ Local Registrar No. _____
or _____
City of Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ola Mae Francis Mullican 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. _____ 6. Legitimate? yes.
5. No., in order of birth _____ 7. Date of birth 12 13 23
Month Day Year

8. FATHER
Full name Bruce Benton Mullican

14. MOTHER
Full maiden name Lela Inez Wright

9. Residence (Usual place of abode) Globe
If nonresident, give place and state Ariz.

15. Residence (Usual place of abode) Globe
If nonresident, give place and state Ariz.

10. Color or race white
11. Age at last birthday 30 (Years)

16. Color or race white
17. Age at last birthday 17 (Years)

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

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

13. Occupation
Nature of industry Miner

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 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 10:30 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 evidence of life after birth.

Signature C. W. Adams (Physician or midwife)
Address Globe, Ariz.

Given name added from a supplemental report _____
Month, day, year. _____
Filed 12-13-1923 B. J. J. at Local Registrar.
Filed 1-5-1924 B. J. J. at County Registrar.

645-1213-363