

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.

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

1. County of Pima District of Globe Town of Globe or City of _____ No. _____ St. _____ Ward _____

State Index No. 140
County Registrar No. 53
Local Registrar No. _____

2. Full name of child Violet May Whipple (If birth occurred in a hospital or institution, give its NAME instead of street and number) 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 - 5. No., in order of birth - 6. Legitimate? yes 7. Date of birth Dec. 16, 1923
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Joseph Edson Whipple</u>		Full maiden name <u>Violet Taylor</u>	
9. Residence (Usual place of abode) <u>Globe, Arizona</u>		15. Residence (Usual place of abode) <u>Globe, Arizona</u>	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>35</u> (Years)		17. Age at last birthday <u>30</u> (Years)	
12. Birthplace (city or place) <u>Showlow Arizona</u>		18. Birthplace (city or place) <u>Vernal Utah</u>	
13. Occupation <u>Carpenter</u>		19. Occupation <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>2</u>		<u>yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:20 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, Arizona

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

Filed 12-20 1923 _____ Registrar.
Filed 1-5 1924 _____ County Registrar.

565-1216-539