

PLEASE COMPLETE WITH UNFADING INK—THIS IS A PERMANENT RECORD
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 Yuma
District of Globe
Town of Globe
or
City of _____ No. _____

State Index No. 149
County Registrar No. 8
Local Registrar No. _____

2. Full name of child Mary Charlene Sterns (If 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 F To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 1 6. Legitimate? _____ 7. Date of birth Dec 21 - 23
Month Day Year

<p>8. FATHER Full name <u>Clyde E Sterns</u> 9. Residence (Usual place of abode) <u>East Globe</u> If nonresident, give place and state _____ 10. Color or race <u>W</u> 11. Age at last birthday <u>40</u> (Years) 12. Birthplace (city or place) <u>Mich</u> (State or country) _____ 13. Occupation <u>Salesman</u> Nature of industry <u>Druff & Co.</u></p>	<p>14. MOTHER Full maiden name <u>Naoma Herbert</u> 15. Residence (Usual place of abode) <u>East Globe</u> If nonresident, give place and state _____ 16. Color or race <u>W</u> 17. Age at last birthday <u>26</u> (Years) 18. Birthplace (city or place) <u>Tex</u> (State or country) _____ 19. Occupation <u>Housewife</u> Nature of industry _____</p>
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20. Number of children of this mother (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)

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 6 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 R D Kennedy (Physician or midwife)
Address Globe

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

Filed 1-20 1924 R. G. Jay Local Registrar.
Filed 2-5 1924 R. G. Jay County Registrar.

422-1201-583