

21111

WRITE PLAINLY 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.

PLACE OF BIRTH

1. County of Pima
District of _____
Town of Globe
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128
County Registrar No. 98
Local Registrar No. _____

2. Full name of child Edward Carl Greiner
(If birth occurred in a hospital or institution, give its NAME instead of street and number) No. 2nd Maple St. _____ Ward _____

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other ✓ 6. Legitimate? yes 7. Date of birth Jan 10 '24
5. No., in order of birth _____

8. FATHER
Full name Carl Greiner

14. MOTHER
Full maiden name Leonie Wills

9. Residence (Usual place of abode) 2nd Maple
If nonresident, give place and state _____

15. Residence (Usual place of abode) Second and Maple St
If nonresident, give place and state _____

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

16. Color or race white 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Coburg
(State or country) Germany

18. Birthplace (city or place) Cornwall
(State or country) England

13. Occupation mechanic
Nature of industry _____

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living one
(Taken as of time of birth of child herein certified and including this child.) (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 _____ (Born alive or stillborn) at 5P 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 [Signature]
Address Globe (Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. Filed 2/11, 1924 R.G.J.a Local Registrar.
Registrar. Filed 3/10, 1924 R.G.J.a County Registrar.

579-110-362