

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

PLACE OF BIRTH  
County of Gila  
District of \_\_\_\_\_  
City of \_\_\_\_\_  
or \_\_\_\_\_  
of Globe  
No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)  
Full name of child Marvin Jonathan Wright { If child is not yet named, make supplemental report, as directed.

State Index No. 151  
County Registrar No. 99  
Local Registrar No. \_\_\_\_\_

Sex of Child male 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 1-17-24  
Month Day Year

FATHER		MOTHER	
11. Name <u>Thomas Gillham Wright</u>		14. Full maiden name <u>Lilly Mae Featherston</u>	
Residence (Usual place of abode) <u>Globe Arizona</u>		15. Residence (Usual place of abode) <u>Globe Ariz.</u>	
16. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>25</u> (Years)		17. Age at last birthday <u>25</u> (Years)	
Birthplace (city or place) (State or country) <u>Lucky Arkansas</u>		18. Birthplace (city or place) (State or country) <u>Lucky Arkansas</u>	
19. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	
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 <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes.</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 4:10 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 C. W. Adams  
(Physician or midwife)  
Address \_\_\_\_\_

When name added from supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed 2/11 1924 B. G. J. at  
Filed 3/5 1924 B. G. J. at  
Local Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

463-117-365