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Damaged Document(s)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160
County Registrar No. 72
Local Registrar No.

PLACE OF BIRTH

1. County of Gila,
District of Globe,
Town of
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 Lee Dane, Jones. (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: 1 (Month) 21 (day) 24 (year)

8. FATHER	14. MOTHER
Full name: Lee M. Jones,	Full maiden name: Millie Green,
9. Residence (Usual place of abode) If nonresident, give place and state: Globe,	15. Residence (Usual place of abode) If nonresident, give place and state: Globe,
10. Color or race: White; 11. Age at last birthday 38 (Years)	16. Color or race: White; 17. Age at last birthday 25 (Years)
12. Birthplace (city or place) Navarro Co. (State or country) Texas	18. Birthplace (city or place) Camonche Co., (State or country) Texas.
13. Occupation Nature of industry: Rancher	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 3
(b) Born alive but now dead
(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* P.

I hereby certify that I attended the birth of this child, who was Alive, (Born alive or stillborn.) at 9.45 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 evidences of life after birth.

Signature: L. E. Wrightman (Physician or midwife)
Address: Globe, Ariz.

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

Registrar.

Filed Jan 24, 1924 B. G. Tia Local Registrar.
Filed 2/5, 1924 B. G. Tia County Registrar.

V. S. MARGIN RESERVED
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.