

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila.
 District of Globe,
 Town of _____
 or
 City of Globe,

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 122
 County Registrar No. 124
 Local Registrar No. _____

2. Full name of child Dixie Lee Fair.
 (If birth occurred in a hospital or institution, give its NAME instead of street and number) No. _____ St. _____ Ward _____
 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 2 10 24
 Month day year

8. FATHER
 Full name Ernest Ray Fair,

14. MOTHER
 Full maiden name Louis M. Wantland,

9. Residence (Usual place of abode) Globe,
 If nonresident, give place and state

15. Residence (Usual place of abode) Globe,
 If nonresident, give place and state

10. Color or race White 11. Age at last birthday 23 (Years)

16. Color or race White 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Smith Co.
 (State or country) Kansas

18. Birthplace (city or place) Webster Co.
 (State or country) Mo.

13. Occupation
 Nature of industry Smelterman,

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 2 (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 at 9.45 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 evidences of life after birth.
 Signature G. E. Waghman (Physician or midwife)
 Address Globe, Ariz.

Given name added from a supplemental report _____ Month, day, year. _____
 Filed 2/17 1924 B. G. Gray Local Registrar.
 Filed 3/31 1924 B. G. Gray County Registrar.

469-210-364

in order of birth stated.