

2111

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

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 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)

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127
 County Registrar No. 205
 Local Registrar No. _____

2. Full name of child William Oliver Gustafson (If child is not yet named, make supplemental report, as directed)

3. 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 3-5-24 Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Simon Emanuel Gustafson</u>		Full maiden name <u>Gertrude Peterson</u>	
9. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state <u>Arizona</u>		15. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>white</u>	11. Age at last birthday <u>36</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>32</u> (Years)
12. Birthplace (city or place) <u>Sweden</u> (State or country)		18. Birthplace (city or place) <u>Marquett</u> (State or country) <u>Nebraska</u>	
13. Occupation Nature of industry <u>Printer</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>6</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 10 P 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 Globe, Arizona

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

Filed 3-10, 1924 Local Registrar. B. J. G. J.
 Filed 4-5, 1924 County Registrar. B. J. G. J.

475-303-775