

2051

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.

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

State Index No. 130
County Registrar No. 204
Local Registrar No. _____

PLACE OF BIRTH
1. County of Gila
District of _____
Town of _____
or
City of Globe

2. Full name of child Betty Frances Redfern
(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 3-5-24
Month Day Year

FATHER		MOTHER	
8. Full name <u>Carl Francis Redfern</u>		14. Full maiden name <u>Nora Francis Huggins</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>27</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>17</u> (Years)
12. Birthplace (city or place) _____ (State or country) <u>Illinois</u>		18. Birthplace (city or place) <u>Reed</u> (State or country) <u>Oklahoma</u>	
13. Occupation Nature of industry <u>Labour.</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 (Born alive or stillborn) at 1:55 A.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 C. W. Adams (Physician or midwife)
Address Globe, Arizona.

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

Filed 3-10- 1924 Local Registrar [Signature]
Filed 4-5 1924 County Registrar [Signature]

295-305-2512