

21107

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**

1. County of Gila State Index No. 140  
District of \_\_\_\_\_ County Registrar No. 213  
Town of \_\_\_\_\_ Local Registrar No. \_\_\_\_\_  
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 Loy Taylor 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 3-10-24  
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>William Taylor</u>		Full maiden name <u>Emily Harris</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>33</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>32</u> (Years)
12. Birthplace (city or place) (State or country) <u>England</u>		18. Birthplace (city or place) (State or country) <u>England</u>	
13. Occupation Nature of industry <u>Truck Driver</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>3</u> (b) Born alive but now dead <u>1</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 7:10 A.m. on the date above stated.  
(Born alive or stillborn.)

Signature C. Wadsworth (Physician or midwife)  
Address Globe, Arizona

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

Filed 3-16 1924 \_\_\_\_\_ Local Registrar.  
Filed 4-5 1924 \_\_\_\_\_ County Registrar.

Registrar. C. Wadsworth County Registrar. B. J. Joy

939-310-587