

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169
County Registrar No. 239
Local Registrar No. _____

2. Full name of child Infant Stubbs (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 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 3-23-24
Month Day Year

8. FATHER
Full name Frank Clifford Stubbs
9. Residence (Usual place of abode) Globe Arizona
If nonresident, give place and state
10. Color or race white
11. Age at last birthday 20 (Years)
12. Birthplace (city or place) (State or country) Oklahoma
13. Occupation
Nature of industry labour.
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 6
(b) Born alive but now dead 9
(c) Stillborn 1

14. MOTHER
Full maiden name Berna Ethel Dotson
15. Residence (Usual place of abode) Globe Arizona
If nonresident, give place and state
16. Color or race white
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) (State or country) Texas
19. Occupation
Nature of industry housewife.
21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was still born at 11 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. _____
Registrar. _____
Filed 3-25 1924 _____ Local Registrar.
Filed 4-5 1924 _____ County Registrar.

022-326-515