

2 1 1 3

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or Globe

City of _____

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171

County Registrar No. 240

Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Milton Jordan Whitaker } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? 7. Date of birth March 24 - 1924
Month day year

8. FATHER
Full name James Jourdin Whitaker

14. MOTHER
Full maiden name Rosie May Sewell

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

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

10. Color or race W. 11. Age at last birthday 42 (Years)

16. Color or race W. 17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Talona Kansas
(State or country)

18. Birthplace (city or place) Joplin Mo
(State or country)

13. Occupation Miner
Nature of industry

19. Occupation Housewife
Nature of industry

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 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* ¹⁵

I hereby certify that I attended the birth of this child, who was alive at 5 P.M. on the date above stated.
(Born alive or stillborn.)

Signature W. W. Horst
(Physician or midwife)

Address _____
Filed 3-28 1924 B. G. Gray Local Registrar.
Filed 4-5 1924 B. G. Gray County Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

469 - 324 - 923