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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 180
County Registrar No. 253
Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila,
District of Globe,
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)

2. Full name of child Jack Eldon Yeary, } 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 (Month) 29 (day) 1924 (year)

FATHER

8. Full name: Rene Yeary,
9. Residence (Usual place of abode): Globe,
If nonresident, give place and state
10. Color or race: White
11. Age at last birthday 23 (Years)
12. Birthplace (city or place) Lee County,
(State or country) Va.
13. Occupation
Nature of industry: Miner,

MOTHER

14. Full maiden name: Sylvia J. Weaver,
15. Residence (Usual place of abode): Globe,
If nonresident, give place and state
16. Color or race: White
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Shawnee.
(State or country) Okla.
19. Occupation
Nature of industry: Housewife,

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 1
(b) Born alive but now dead .....
(c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, (Born alive or stillborn.) at 6,45 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 evidences of life after birth.

Signature G. E. Wightman (Physician or midwife)
Address Globe, Ariz.

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

Filed 3-31, 1924 B.G. Fox Local Registrar.
Filed 4-5 1924 B.G. Fox County Registrar.

188-329-269

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD