

114

WHILE PLAINLY WITH UNFADING INK, PRINT IN INK-RESISTANT INK. A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH STATED.

PLACE OF BIRTH
 1. County of Gila
 District of _____
 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)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 113
 County Registrar No. 364
 Local Registrar No. _____

2. Full name of child Shirley White Jr.
 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? yes.
 7. Date of birth 4-4-24
 Month Day Year

FATHER
 8. Full name Shirley White
 9. Residence (Usual place of abode) Globe Arizona
 If nonresident, give place and state
 10. Color or race white
 11. Age at last birthday 21 (Years)
 12. Birthplace (city or place) Aurora West Virginia
 (State or country)
 13. Occupation Nature of industry Carpenter

MOTHER
 14. Full maiden name Dora Josephine Hendry
 15. Residence (Usual place of abode) Globe Arizona
 If nonresident, give place and state
 16. Color or race white
 17. Age at last birthday 20 (Years)
 18. Birthplace (city or place) Texas
 (State or country)
 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 2
 (b) Born alive but now dead 0
 (c) Stillborn 0
 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 born alive at 9:00 A.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. Williams
 Address Globe, Arizona

Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed 5-11 1924 B. G. J. Jay Local Registrar.
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265-404-487