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MADE MAINLY 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

State Index No. 154
County Registrar No. 359
Local Registrar No. _____

PLACE OF BIRTH
1. County of Gila
District of _____
Town of _____
or
City of Globe

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

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 4-18-24
Month Day Year If child is not yet named, make supplemental report, as directed.

8. FATHER Full name <u>Thomas Colvin</u>		14. MOTHER Full maiden name <u>Carmen Lopez</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>Mex</u>	11. Age at last birthday <u>22</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Solomonville</u> (State or country) <u>Arizona</u>		18. Birthplace (city or place) <u>Globe</u> (State or country) <u>Arizona</u>	
13. Occupation Nature of industry <u>Miner</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>1</u> (b) Born alive but now dead <u>0</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 2:00 P.m. on the date above stated.
(Born alive or stillborn)

Signature C. W. Adams
Address Globe, Ariz.
(Physician or midwife)

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

Filed 5-11-24 B. J. Gray Local Registrar.
Filed 5-11-24 B. J. Gray County Registrar.

135-418-339