

211

WHILE PLAINLY UNFOLDING THIS IS A PERMANENT RECORD. 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**

PLACE OF BIRTH  
1. County of Gila,  
District of Globe,  
Town of \_\_\_\_\_  
or  
City of Globe, No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 184  
County Registrar No. 327  
Local Registrar No. \_\_\_\_\_

2. Full name of child Kenneth W. Tuttle,  
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 4 26 1924.  
Month day year

8. FATHER Full name <u>John Tuttle,</u>	14. MOTHER Full maiden name <u>Annie Lauson,</u>
9. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state
10. Color or race <u>White,</u>	16. Color or race <u>White,</u>
11. Age at last birthday <u>41.</u> (Years)	17. Age at last birthday <u>38</u> (Years)
12. Birthplace (city or place) <u>Austin,</u> (State or country) <u>Texas,</u>	18. Birthplace (city or place) <u>Llano,</u> (State or country) <u>Texas,</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>6</u> (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against <u>ophthalmia neonatorum?</u> <u>Yes.</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* A.**

I hereby certify that I attended the birth of this child, who was Alive, at 8.50 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 evidences of life after birth.  
Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
Month, day, year.

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

Filed 4-30, 1924 B. G. J. a Local Registrar.  
Filed 5-6, 1924 B. G. J. a County Registrar.

Registrar. \_\_\_\_\_ County Registrar.

235-426-135