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WRITE PLAINLY 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

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)

State Index No. 186
County Registrar No. 335
Local Registrar No. _____

2. Full name of child Bonnie Lee Cox. } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 28 1924
Month day year

8. FATHER		14. MOTHER	
Full name <u>Leonard Cox,</u>		Full maiden name <u>Lois C. Kerr,</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>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>29</u> (Years)
12. Birthplace (city or place) <u>Fresno,</u> (State or country) <u>Cal.</u>		18. Birthplace (city or place) <u>Springfield,</u> (State or country) <u>Mo.</u>	
13. Occupation <u>Auto Mechanic,</u> Nature of industry		19. Occupation <u>Housewife,</u> 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 1
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* A.

I hereby certify that I attended the birth of this child, who was Alive at 6:30 a.m. on the date above stated.
(Born alive or stillborn.)

Signature H. E. Wrightman (Physician or midwife)
Address Globe, Ariz.

*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.

Filed 5-2 1924 B.G.J.W. Local Registrar.
Filed 5-6 1924 B.G.J.W. County Registrar.

237-428-329