

11111

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

State Index No. 125  
County Registrar No. 388  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH  
1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Garret Lawrence Parsons (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 5-8-24 (Month Day Year)

8. FATHER Full name <u>Leonard Nevell Parsons</u>		14. MOTHER Full maiden name <u>Lottie Gschwander</u>	
9. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday <u>36</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>32</u> (Years)
12. Birthplace (city or place) (State or country) <u>Texas</u>		18. Birthplace (city or place) (State or country) <u>Texas</u>	
13. Occupation Nature of industry <u>Laborer</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 <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 (Born alive or stillborn) at 5:07 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 evidence of life after birth.

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

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

Filed 5-10 1924 B. J. G. or Local Registrar.  
Filed 6-5 1924 B. J. G. or County Registrar.

772-508-329