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REVIEW FOR ERRORS  
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.

PLACE OF BIRTH

1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130  
County Registrar No. 293  
Local Registrar No. \_\_\_\_\_

2. Full name of child Warren Douglas Gibson (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
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, triple or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 5-11-24 Month Day Year

8. FATHER  
Full name John Wesley Gibson  
9. Residence (Usual place of abode) Globe Ariz.  
If nonresident, give place and state

14. MOTHER  
Full maiden name Mary Etta Perry  
15. Residence (Usual place of abode) Globe Ariz.  
If nonresident, give place and state

10. Color or race white  
11. Age at last birthday 36 (Years)

16. Color or race white  
17. Age at last birthday 34 (Years)

12. Birthplace (city or place) (State or country) Texas

18. Birthplace (city or place) (State or country) Oklahoma

13. Occupation Nature of industry Miner

19. Occupation Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 4 (b) Born alive but now dead 1 (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 12:35 A. 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. W. Adams (Physician or midwife)  
Address Globe, Ariz.

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

Filed 5-15, 1924 B. G. J. a Local Registrar.  
Filed 6-5, 1924 B. G. J. a County Registrar.

Registrar.

675-511-478