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WHITE PLAINLY UNFADING INK--THIS IS A PERMANENT RECORD  
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**

1. County of Yuma  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Paul Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Kathryn Jane Hill (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 Fi To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth May 15-224  
Month Day Year

8. FATHER Full name <u>Joe Hill</u>		14. MOTHER Full maiden name <u>Christine Penrose</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>W</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Ariz</u> (State or country)		18. Birthplace (city or place) <u>Col</u> (State or country)	
13. Occupation <u>Garage man</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

20. Number of children of this mother (a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0  
(Taken as of time of birth of child herein certified and including this child.) 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 alive at 10 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 evidence of life after birth.

Signature [Signature] (Physician or midwife)  
Address Globe

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

Filed 5-20 1924 [Signature] Local Registrar.  
Filed 6-5 1924 [Signature] County Registrar.

283-515-375