

11111

PLACE OF BIRTH

# ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 145

District of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 406

Town of \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

or \_\_\_\_\_

City of Globe

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Patricia Ann Grant If child is not yet named, make supplemental report, as directed.

3. Sex of Child F 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 May 17-1924 Month day year

8. FATHER  
Full name Narold Samuel Grant  
9. Residence (Usual place of abode) 507 2nd St, Globe  
If nonresident, give place and state \_\_\_\_\_

14. MOTHER  
Full maiden name Eileen Margt Grant  
15. Residence (Usual place of abode) Globe  
If nonresident, give place and state \_\_\_\_\_

10. Color or race W. 11. Age at last birthday 20 (Years)

16. Color or race W 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Globe Ariz  
(State or country)

18. Birthplace (city or place) Los Angeles Calif  
(State or country)

13. Occupation Carpenter  
Nature of industry Miner

19. Occupation \_\_\_\_\_  
Nature of industry Housewife

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 0 (b) Born alive but now dead 0 (c) Stillborn \_\_\_\_\_

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 at 11 P m. on the date above stated. (Born alive or stillborn.)

Signature M. St. Hout (Physician or midwife)

Address \_\_\_\_\_

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

Registrar. Filed 5-20 1924 R. S. Day Local Registrar. Filed 6-3 1924 R. S. Day County Registrar.

SERVED FOR BINDING  
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.

773-517-573