169

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169
County Registrar No. 428
Local Registrar No. _____

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

2. Full name of child Clara B. Gilbert (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 5-27-24 (Month day year)

FATHER

8. Full name John Lemuel Gilbert
9. Residence (Usual place of abode) Globe
If nonresident, give place and state Ariz.
10. Color or race White
11. Age at last birthday 42 (Years)
12. Birthplace (city or place) Kyle
(State or country) Texas
13. Occupation
Nature of industry Miner

MOTHER

14. Full maiden name Virginia Rash
15. Residence (Usual place of abode) Globe
If nonresident, give place and state Ariz.
16. Color or race White
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) Broken Bow
(State or country) Oklahoma
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 1
(b) Born alive but now dead 0
(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 (Born alive ~~or stillborn~~.) at 7.30 A.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 evidences of life after birth.

Signature C W Adams (Physician ~~or midwife~~.)
Address Globe, Ariz.

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

Filed 5-30 1924 [illegible] Local Registrar.
Filed 6-5 1924 [illegible] County Registrar.

373-527-598