

1422

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

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 Ruth Gertrude Shackelford } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 6-2-24  
Month day year

|   |  |
|---|--|
| <p>8. FATHER<br/>Full name <u>Edward Shackelford</u></p> <p>9. Residence (Usual place of abode) <u>Globe Arizona</u><br/>If nonresident, give place and state</p> <p>10. Color or race <u>white</u></p> <p>11. Age at last birthday <u>43</u> (Years)</p> <p>12. Birthplace (city or place) <u>Pittsburg Kansas</u><br/>(State or country)</p> <p>13. Occupation<br/>Nature of industry <u>Laborer.</u></p> | <p>14. MOTHER<br/>Full maiden name <u>Evelyn Burnett.</u></p> <p>15. Residence (Usual place of abode) <u>Globe Arizona</u><br/>If nonresident, give place and state</p> <p>16. Color or race <u>white</u></p> <p>17. Age at last birthday _____ (Years)</p> <p>18. Birthplace (city or place) <u>Portland Oregon</u><br/>(State or country)</p> <p>19. Occupation<br/>Nature of industry <u>Housewife.</u></p> |
|---|--|

20. Number of children of this mother (a) Born alive and now living 2  
(Taken as of time of birth of child herein certified and including this child.) (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 alive at 6:07 p. 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 evidences of life after birth.

Given name added from a supplemental report \_\_\_\_\_

Signature C. W. Adams (Physician or Midwife)  
Address Globe Arizona  
Month, day, year. \_\_\_\_\_

Filed JUN 7 10 1924 Local Registrar. B. J. Jay  
Filed JUL 5 1924 County Registrar. B. J. Jay

Registrar.

924-602-523