

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

1. County of Lila State Index No. 135  
District of \_\_\_\_\_ County Registrar No. 461  
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 James Richard Horst } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M }  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 June 10 - 1924  
Month day year

<p>8. FATHER Full name <u>Walter William Horst</u></p> <p>9. Residence (Usual place of abode) <u>12 Cottonwood Globe</u> If nonresident, give place and state</p> <p>10. Color or race <u>W</u></p> <p>11. Age at last birthday <u>35</u> (Years)</p> <p>12. Birthplace (city or place) <u>St. Louis Missouri</u> (State or country)</p> <p>13. Occupation <u>Physician + Surgeon</u> Nature of industry</p>	<p>14. MOTHER Full maiden name <u>Edna Lucille Bundy</u></p> <p>15. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state</p> <p>16. Color or race <u>W</u></p> <p>17. Age at last birthday <u>34</u> (Years)</p> <p>18. Birthplace (city or place) <u>Chicago Illinois</u> (State or country)</p> <p>19. Occupation <u>Housewife</u> Nature of industry</p>
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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\* 30**

I hereby certify that I attended the birth of this child, who was alive at 7 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 evidences of life after birth.  
Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
Month, day, year.

Signature J. M. Horst, M.D. (Physician or midwife)  
Address Globe Ariz.

Filed JUL 3 1924 B. E. Gray Legal Registrar.  
County Registrar.  
Filed JUL 9 1924 B. E. Gray County Registrar.

Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

183-610-528 attended by C. F. Perkins M.D.  
miami ariz