

1457

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136
County Registrar No. 463
Local Registrar No. _____

PLACE OF BIRTH
1. County of Gila
District of _____
Town of _____
or Globe
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert alda Kates } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male 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 June 10-24
Month day year

8. FATHER Full name <u>Claude Robert Kates</u>		14. MOTHER Full maiden name <u>Alice Margaret Barnes</u>	
9. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday <u>21</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) (State or country) <u>Oklahoma</u>		18. Birthplace (city or place) (State or country) <u>De Leon Texas</u>	
13. Occupation Nature of industry <u>Laborer.</u>		19. Occupation Nature of industry <u>Housewife.</u>	

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 at 4:30 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.

Signature C. W. Adams (Physician or midwife)
Address Globe Arizona
Given name added from a supplemental report _____
Month, day, year. _____

Filed June 15 1920 B. E. Dixon Local Registrar.
Filed Jul 5 1920 B. E. Dixon County Registrar.

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.

922-610-122