

1424

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 Globe,  
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)

State Index No. 158  
County Registrar No. 483  
Local Registrar No. \_\_\_\_\_

2. Full name of child Elizabeth Esther Trevillyan, } 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 18 1924  
Month day year

8. FATHER		14. MOTHER	
Full name <u>Reuben Trevillyan,</u>		Full maiden name <u>Polly Richards,</u>	
9. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) (State or country) <u>England,</u>		18. Birthplace (city or place) (State or country) <u>England,</u>	
13. Occupation Nature of industry <u>Miner,</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 <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Alive at 4,20 P.M. (Born alive or stillborn.) on the date above stated.

Signature G. E. Wightman (Physician or midwife)  
Address Globe, Ariz.  
Given name added from a supplemental report: \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed 6-20, 1924 B. G. J. a Local Registrar.  
Filed 7-3, 1924 B. G. J. a County Registrar.

535-618-792