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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

State Index No. 171  
County Registrar No. 496  
Local Registrar No. \_\_\_\_\_

2. Full name of child Annita Manley  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) } If child is not yet named, make supplemental report, as directed.

3. Sex of Child 7 } 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 6-22-24  
Month day year

8. FATHER  
Full name Earl Warren Manley  
9. Residence (Usual place of abode) Globe Arizona  
If nonresident, give place and state \_\_\_\_\_

10. Color or race White  
11. Age at last birthday 47 (Years)

12. Birthplace (city or place) Pennsylvania  
(State or country)

13. Occupation  
Nature of industry Manager, Southwestern Cocco Co.

14. MOTHER  
Full maiden name Aurora Anclonda  
15. Residence (Usual place of abode) Globe Ariz.  
If nonresident, give place and state \_\_\_\_\_

16. Color or race Mex  
17. Age at last birthday 28 (Years)

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 5  
(b) Born alive but now dead 2  
(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 6:20 A 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.  
Given name added from a supplemental report \_\_\_\_\_

Signature C. W. Adams (Physician or midwife)  
Address Globe Ariz.  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed 6-27, 1924 \_\_\_\_\_ Local Registrar.  
Filed 7-6, 1924 \_\_\_\_\_ County Registrar.

BE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

148-622-111