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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of _____

Town of _____

or Globe
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 187

County Registrar No. 506

Local Registrar No. _____

2. Full name of child Rose Mary Griffith (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 F To be answered ONLY in event of plural births. 4. Twin, triplet or other 4 5. No., in order of birth 4 6. Legitimate? yes 7. Date of birth June 28 - 21 Month Day Year

8. FATHER
Full name Guy Griffith

9. Residence (Usual place of abode) 5 Globe
If nonresident, give place and state

10. Color or race W 11. Age at last birthday 40 (Years)

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

13. Occupation Bookkeeper
Nature of industry

20. Number of children of this mother (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

14. MOTHER
Full maiden name Kathryn Fagan

15. Residence (Usual place of abode) 5 Globe
If nonresident, give place and state

16. Color or race W 17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Eng
(State or country)

19. Occupation Housewife
Nature of industry

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 5 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 evidence of life after birth.

Signature A. D. Kennedy (Physician or midwife)

Address Globe

Given name added from a supplemental report _____
Month, day, year.

Filed 6-30 1924 B.G.S. Jax Local Registrar.

Filed 7-6 1924 B.G.S. Jax County Registrar.

Registrar.

978-628-265

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.