

DEC 9 1924

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Vol. 7 #139

(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\*

Place of Birth Globe County Gila No. P.O. Box 1643 St.

SEX OF CHILD\* Twin or other? and Number\* in order of birth

Male Male and 4

DATE OF BIRTH\* July 16th 1924

FATHER KILLGORE  
FULL\* NAME David Lee Killgore

MOTHER  
FULL\* MAIDEN NAME Sarah Williams

I HEREBY CERTIFY that the child described herein has been named

David Lee Killgore Jr.  
(Give name in full) (Surname)

David Lee Killgore  
(Parent's signature)

W. St. Horat. M.D.  
SIGNATURE OF (Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar. Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

note all in Killgore's name 12-12-24

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

12. Birthplace (city or place) (State or country)	<u>Rice</u> <u>Ariz</u>	13. Birthplace (city or place) (State or country)	<u>Rice</u> <u>Ariz</u>
13. Occupation Nature of industry	<u>Stationary Engineer</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 <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum?	<u>No</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9 P m. 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 evidence of life after birth.

Signature W. St. Horat. M.D.  
(Physician or midwife)

Address San Carlos Ariz

Given name added from a supplemental report

Filed AUG 5 1924

Registrar.

Local Registrar. W. St. Horat. M.D.  
County Registrar.

622-717-735