

MARGIN RESERVED FOR BINDING  
 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156  
 County Registrar No. 654  
 Local Registrar No. \_\_\_\_\_

City of Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William Mitchell Nelms  
 (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 Aug. 19-24  
 Month day year

8. FATHER  
 Full name Carter Lee Nelms

14. MOTHER  
 Full maiden name Ruth Turk

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

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

10. Color or race white

16. Color or race white

11. Age at last birthday 26 (Years)

17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Gadsden  
 (State or country) Alabama

18. Birthplace (city or place) Roswell  
 (State or country) N. Mexico

13. Occupation  
 Nature of industry Laborer.

19. Occupation  
 Nature of industry Housewife.

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 2 (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 (Born alive ~~or stillborn~~) at 7:25 A.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 evidences of life after birth.  
 Signature CW Adams (Physician or midwife)  
 Address Globe, Ariz.  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_  
 Filed 8-20 1924 \_\_\_\_\_ Local Registrar.  
 Filed 9-3 1924 \_\_\_\_\_ County Registrar.

652-819-932