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WRITE FAIRLY 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 _____

or _____

City of Globe

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 162

County Registrar No. 567

Local Registrar No. _____

2. Full name of child Doris Mae Holcombe
(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 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 July 25 - 24
Month day year

8. FATHER
Full name John Delaney Holcombe

14. MOTHER
Full maiden name Eudora A Weisbecker

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 11. Age at last birthday 43 (Years)

16. Color or race White 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Junction City
(State or country) Kansas

18. Birthplace (city or place) La Crosse
(State or country) Wisconsin

13. Occupation
Nature of industry Dentist

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 3
(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 at 2:30 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 evidences of life after birth.
Given name added from a supplemental report _____
Signature C. W. Adams (Physician or midwife)
Address Globe Ariz

Filed 8-1, 1924 Local Registrar.
Filed 8-5, 1924 County Registrar.

485-725-569