

2511

WRITE PLAIN & WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Yuma
District of _____
Town of _____
or Globe
City of _____
No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elizabeth Louise Cochrane
(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, 28, 1924.
Month Day Year

8. FATHER Full name <u>Joseph Samson Cochrane</u>		14. MOTHER Full maiden name <u>Thelma Josephine Nymeyer.</u>	
9. Residence (Usual place of abode) <u>319 South East st. Globe, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>319 South East st. Globe, Ariz.</u> If nonresident, give place and state	
10. Color or race <u>White.</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Lonaconing, Md.</u> (State or country)		18. Birthplace (city or place) <u>Alamogordo,</u> (State or country) <u>New Mexico.</u>	
13. Occupation <u>Printer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

20. Number of children of this mother (a) Born alive and now living Two (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)

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 _____ at 11 P. m. on the date above stated.
(Born alive or stillborn.)

Signature [Signature]
Address Globe
(Physician or midwife)

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

Filed 10-20, 1924 [Signature] Local Registrar
Filed 11-8, 1924 [Signature] County Registrar.

535-728-359