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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila,
District of Globe,
Town of _____
or
City of Globe, No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 109
County Registrar No. 609
Local Registrar No. _____

2. Full name of child Mary Edith Tomes, } 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 8 4 1924
Month day year

8. FATHER
Full name W.S. Tomes,
9. Residence (Usual place of abode) Globe,
If nonresident, give place and state
10. Color or race White
11. Age at last birthday 24 (Years)

14. MOTHER
Full maiden name Anna Rose Harrison,
15. Residence (Usual place of abode) Globe,
If nonresident, give place and state
16. Color or race White
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Ohio Co.,
(State or country) Ky.
13. Occupation Laborer
Nature of industry

18. Birthplace (city or place) Davis Co.
(State or country) Ky.
19. Occupation Housewife,
Nature of industry

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 _____
(c) Stillborn _____
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 alive at 5 A.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 evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year. _____
Signature W. E. Wightman (Physician or midwife)
Address Globe, Ariz.
Filed 8-12, 1924 B. G. Jay Local Registrar.
Filed 9-6, 1924 B. G. Jay County Registrar.

Registrar.

432-804-185

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.