

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma State Index No. 150
 District of _____ County Registrar No. 1051
 Town of _____ Local Registrar No. _____
 or _____
 City of Globe No. 428 53rd St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child David Wilson Feldman If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Aug 17 1924
 Month Day Year

8. Richard Lemen Feldman FATHER Full name 14. Victoria Willard Wilson MOTHER Full maiden name
 9. Residence 428 53rd St Globe, Ariz (Usual place of abode) 15. Residence 428 53rd St Globe Ariz (Usual place of abode)
 If nonresident, give place and state If nonresident, give place and state

10. Color or race W 11. Age at last birthday 28 (Years) 16. Color or race W 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Hegarstown Md (State or country) 18. Birthplace (city or place) Souconing Md. (State or country)

13. Occupation Teacher Nature of industry 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 1 (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 ~~or stillborn~~) at 4 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 Clarence Gunter (Physician or midwife)
 Address Globe, Ariz.

Given name added from a supplemental report _____ Month, day, year. Filed 8-20 1924 B. G. Jia Local Registrar.
 Filed 9-5 1924 B. G. Jia County Registrar.

465-817-565