

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

State Index No. 152  
 County Registrar No. 668  
 Local Registrar No. \_\_\_\_\_

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

2. Full name of child Albert Ferguson Jr.  
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. Win, triplet or other \_\_\_\_\_  
 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? yes  
 7. Date of birth Aug 18 - 24  
 Month day year

FATHER  
 8. Full name Albert Forest Ferguson  
 9. Residence (Usual place of abode) Globe  
 If nonresident, give place and state Arizona  
 10. Color or race White  
 11. Age at last birthday 46 (Years)  
 12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Texas  
 13. Occupation  
 Nature of industry Merchant  
 20. Number of children of this mother (a) Born alive and now living 4  
 (b) Born alive but now dead 0  
 (c) Stillborn 0

MOTHER  
 14. Full maiden name Margaret Sadler  
 15. Residence (Usual place of abode) Globe  
 If nonresident, give place and state Arizona  
 16. Color or race White  
 17. Age at last birthday 37 (Years)  
 18. Birthplace (city or place) North Vernon  
 (State or country) Indiana  
 19. Occupation  
 Nature of industry Housewife  
 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 12:47 A.M. on the date above stated.  
(Born alive or stillborn.)  
 Signature C. W. Adams  
 Address Globe, Arizona  
 (Physician or midwife)  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_  
 Filed 8-20-24 \_\_\_\_\_  
 Filed 9-5-24 \_\_\_\_\_  
 Registrar. \_\_\_\_\_  
 County Registrar. \_\_\_\_\_

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 \*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.

165-818-429