

2124

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

PLACE OF BIRTH
1. County of Gila
District of Winkelman
Town of _____
or Winkelman
City of _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 121
County Registrar No. 774
Local Registrar No. _____

2. Full name of child Emma Adeline Coleman (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 Sept 6 1920
Month, day, year

8. FATHER Full name <u>Joe E. Coleman</u>		14. MOTHER Full maiden name <u>Jeda Powell</u>	
9. Residence (Usual place of abode) <u>Winkelman</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Winkelman</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Texas</u> (State or country)		18. Birthplace (city or place) <u>Waco</u> (State or country)	
13. Occupation <u>Blacksmith</u> Nature of industry		19. Occupation <u>Housewife</u> 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 4
(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 1 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 _____

Signature Charles H. Smith, M.D.
(Physician or midwife)
Address Hayden

Filed Oct 20 1920 W. J. Roberts
Local Registrar.
Filed 11-6 :24 B. S. Gray
County Registrar.

Registrar. _____

539-906-913