PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138
County Registrar No. 805
Local Registrar No.

2. Full name of child Shirley Mae Edings, (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 10 15 1924 (Month day year)

8. FATHER	14. MOTHER
Full name: James E. Edings,	Full maiden name: Thelma Gordner,
9. Residence (Usual place of abode) If nonresident, give place and state: Globe,	15. Residence (Usual place of abode) If nonresident, give place and state: Globe.
10. Color or race: White	16. Color or race: White
11. Age at last birthday: 25 (Years)	17. Age at last birthday: 23 (Years)
12. Birthplace (city or place): Eagle (State or country): Colo.	18. Birthplace (city or place): Abeline, (State or country): Texas.
13. Occupation / Nature of industry: Auto Mechanic,	19. Occupation / Nature of industry: Housewife,

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
(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 (Born alive or stillborn.) at 2,15 A.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 evidences of life after birth.

Signature L. E. Wightman (Physician or midwife)
Address Globe, Ariz.,

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

Filed 10-18, 1924 B. G. Fia Local Registrar.
Filed 11-5, 1924 B. G. Fia County Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE REPORT must be made, in order of birth. WRITE PLAINLY WITH UNFADING INK—

252-1015-379