

1161

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

State Index No. 182
County Registrar No. 908
Local Registrar No. _____

2. Full name of child Charline See, } 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 11 20 1924
Month day year

8. FATHER Full name <u>Charles F. See,</u>		14. MOTHER Full maiden name <u>Poxie Thomas,</u>	
9. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe.</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>27</u> (Years)
12. Birthplace (city or place) <u>Livingston,</u> (State or country) <u>Arizona.</u>		18. Birthplace (city or place) <u>Wister,</u> (State or country) <u>Idaho.</u>	
13. Occupation <u>Owner Auto Stage Line.</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 5 (b) Born alive but now dead _____ (c) Stillborn _____

21. Were precautions taken against opthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 7:45 P.M. on the date above stated.
(Born alive or stillborn)

Signature G. E. Wightman (Physician or midwife)
Address Globe, Ariz.
Given name added from a supplemental report _____
Month, day, year. _____

Filed 11-20-24 1924 B. J. Stay Local Registrar.
Filed DEC 5 1924 B. J. Stay County Registrar.

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.

325-1120-932