

1185

WRITE PLAINLY WITH UNFADING INK—THIS IS 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

State Index No. 201
County Registrar No. 923
Local Registrar No. _____

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)

2. Full name of child Aphelia Annabelle Lee, } 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 _____ 6. Legitimate? Yes, } 7. Date of birth 11 28 1924.
Month day year

8. FATHER Full name <u>Lloyd R. Lee,</u>	14. MOTHER Full maiden name <u>Willie May Jones,</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>Negro</u>	16. Color or race <u>Negro,</u>
11. Age at last birthday <u>25</u> (Years)	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) _____ (State or country) <u>Texas,</u>	13. Birthplace (city or place) <u>Globe,</u> (State or country) <u>Arizona.</u>
13. Occupation Nature of industry <u>Laborer</u>	19. Occupation Nature of industry <u>Housewife,</u>
20. Number of children of this mother } (a) Born alive and now living <u>2</u> (Taken as of time of birth of child herein } (b) Born alive but now dead _____ certified and including this child.) } (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>Yes,</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3.20 P.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 _____
Month, day, year. _____

Signature W. E. Wightman (Physician or midwife)
Address Globe, Ariz.
Filed 11-29, 1924 W. E. Wightman Local Registrar.
Filed DEC 5, 1924 W. E. Wightman County Registrar.

135-1128-612