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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

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)

State Index No. 204
County Registrar No. 922
Local Registrar No. _____

2. Full name of child Naoma May Childres,
(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 } 5. No., in order of birth _____

<p>8. FATHER Full name <u>Charles W. Childres,</u></p> <p>9. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state _____</p> <p>10. Color or race <u>White</u></p> <p>11. Age at last birthday <u>24</u> (Years)</p> <p>12. Birthplace (city or place) <u>Ft. Grant,</u> (State or country) <u>Arizona,</u></p> <p>13. Occupation Nature of industry <u>Laborer,</u></p>	<p>14. MOTHER Full maiden name <u>Viola Titchner,</u></p> <p>15. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state _____</p> <p>16. Color or race <u>White</u></p> <p>17. Age at last birthday <u>26</u> (Years)</p> <p>18. Birthplace (city or place) <u>Kane,</u> (State or country) <u>Pa.</u></p> <p>19. Occupation Nature of industry <u>Housewife,</u></p>
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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 Born Alive at 12.25 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 _____

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

Filed 11-29, 1924 B. J. J. O'. Registrar.
Filed DEC 5, 1924 B. J. J. O'. County Registrar.

532-1128-539