

WRITES PLAINLY WITH UNFADING INK—THIS IS A 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.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>211</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>924</u>
Town of <u>Globe</u>			Local Registrar No. _____
or _____			St. _____ Ward _____
City of _____ No. _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Travis Edison Hill</u>) If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>2</u>	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>Nov. 28, 1924</u>	
8. FATHER		14. MOTHER	
Full name <u>Thomas Edison Hill</u>		Full maiden name <u>Lena Ellison</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz.</u>		15. Residence (Usual place of abode) <u>Globe, Ariz.</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>white</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Alamogordo</u>	(State or country) <u>New Mex.</u>	18. Birthplace (city or place) <u>Gisela</u>	(State or country) <u>Ariz.</u>
13. Occupation <u>pipe fitter</u>	19. Occupation <u>Housewife</u>		
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against <u>yes</u> thalimia neonatorum?	
(a) Born alive and now living <u>1</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> 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 <u>T. Harper, M.D.</u>	
Given name added from _____		Address <u>Globe, Ariz.</u>	
a supplemental report _____		Filed <u>11-29</u> 19 <u>24</u>	
Month, day, year. _____		Registrar. <u>B. J. J.</u>	
Registrar. _____		Filed <u>DEC 5</u> 19 <u>24</u>	
		County Registrar. _____	

343-1179-355