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USE SEPARATE RETURN FOR EACH CHILD, 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 Lila
District of _____
Town of _____
or Globe
City of _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____

State Index No. 145
County Registrar No. 966
Local Registrar No. _____

2. Full name of child James Rawlston
3. Sex of Child male (To be answered ONLY in event of plural births.)
4. Twin, triplet or other L
5. No., in order of birth 4
6. Legitimate? yes
7. Date of birth Dec. 5, 1924 (Month day year)

8. FATHER
Full name Carl Rawlston
9. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state _____
10. Color or race white
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) Texas (State or country)
13. Occupation miner
Nature of industry _____

14. MOTHER
Full maiden name Margie Allen
15. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state _____
16. Color or race white
17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Texas (State or country)
19. Occupation Housewife
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 3
(b) Born alive but now dead 0
(c) Stillborn 0
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 (Born alive or stillborn.)
Signature T. S. Harper, M.D. Date 12-10-24 (Physician or midwife)
Address Globe, Ariz.
Month, day, year. Filed 1-5-25
Registrar. _____ Local Registrar. _____
County Registrar. _____

195-1205-415