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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. 150
County Registrar No. 974
Local Registrar No. _____

2. Full name of child Stewart Lee Todd, } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Ycs 7. Date of birth 12 7 1924
Month day year

<p>8. FATHER Full name <u>Roscoe Irwin Todd,</u></p> <p>9. Residence (Usual place of abode) If nonresident, give place and state <u>Globe,</u></p> <p>10. Color or race <u>White,</u></p> <p>11. Age at last birthday <u>31</u> (Years)</p> <p>12. Birthplace (city or place) (State or country) <u>Missouri,</u></p> <p>13. Occupation Nature of industry <u>Millman</u></p>	<p>14. MOTHER Full maiden name <u>Margaret G. Stewart,</u></p> <p>15. Residence (Usual place of abode) If nonresident, give place and state <u>Globe,</u></p> <p>16. Color or race <u>White,</u></p> <p>17. Age at last birthday <u>24</u> (Years)</p> <p>18. Birthplace (city or place) (State or country) <u>Kentucky,</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? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 9.45 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.

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

Registrar. _____ Filed 12-10 1924 _____
County Registrar. _____ Filed 1-3 1925 _____

In order of birth stated.

234-1207-423