

WRITE 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

1. County of Gila
 District of _____
 Town of _____
 or
 City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158
 County Registrar No. 237
 Local Registrar No. 14

2. Full name of child Jack Elden Hansen (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 No. _____ St. _____ Ward _____
) 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. Legitimate? yes }
 6. Date of birth 1-6-25
 Month day year

5. FATHER
 Full name Frederick Alexander Hansen

14. MOTHER
 Full maiden name Bessie Lovelady

9. Residence (Usual place of abode) Globe Ariz.
 If nonresident, give place and state _____

15. Residence (Usual place of abode) Globe Ariz.
 If nonresident, give place and state _____

10. Color or race white
 11. Age at last birthday 24 (Years)

16. Color or race white
 17. Age at last birthday 17 (Years)

12. Birthplace (city or place) Roosevelt Ariz.
 (State or country) _____

18. Birthplace (city or place) Magdalena N. Mex.
 (State or country) _____

13. Occupation
 Nature of industry Laborer

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child hereat certified and including this child.)
 (a) Born alive and now living 1
 (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 at 5:10 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 C. W. Adams (Physician or midwife)
 Address Globe Ariz.

Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed 2/9 1925 E. E. Wyckoff Local Registrar.
 Filed 2/9 1925 E. E. Wyckoff County Registrar.

185-106-238