

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

# ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 176  
County Registrar No. 21  
Local Registrar No. 10

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

2. Full name of child Wanda Richardson } 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 Yes } 5. Legitimate? Yes } 7. Date of birth Jan. 10 1925  
Month day year

8. FATHER  
Full name Edmund Arthur Richardson

14. MOTHER  
Full maiden name Julie Romney

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

16. Color or race White

11. Age at last birthday 39 (Years)

17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Colonia Diaz Chihuahua, Mexico  
(State or country)

18. Birthplace (city or place) Chihuahua Mexico  
(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 herein certified and including this child.)  
(a) Born alive and now living 6  
(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 11:28 a.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 [Signature] (Physician or midwife)  
Address Globe, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed 2/4 1925 [Signature] Local Registrar.

Filed 2/4 1925 [Signature] County Registrar.

Registrar.

695-110-998