

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.

Items - 2 - 8 + 14. CORR. by PARENT'S GILA CO., ARIZ. MARR. CERT. PLACE OF BIRTH AND AFFIDAVIT OF MOTHER - 1-29-68 IN

CERTIFICATE AMENDED
SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184
County Registrar No. 23
Local Registrar No. 12

1. County of Gila
District of _____
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)

2. Full name of child Barbara Beatrice Garside GARSIDE If child is not yet named, make supplemental report, as directed.

3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes. 7. Date of birth 1-17-25 Month day year

8. FATHER GARSIDE
Full name Samuel Garside

14. MOTHER PASCIAK
Full maiden name Beatrice Pasch

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 42 (Years)

16. Color or race White
17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Globe, England
(State or country) _____

18. Birthplace (city or place) Globe, England
(State or country) _____

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 5
(b) Born alive but now dead 0
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.)

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) at 10:45 P. 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 C. W. Adams (Physician or midwife)
Address Globe, Ariz.

Given name added from a supplemental report _____
Month, day, year. Filed 2/4 1925 E. E. Wylburn Local Registrar.
Filed 2/6 1925 E. E. Wylburn County Registrar.

Registrar.

275-113-273