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. _196_

County Registrar No. _22_

Local Registrar No. _11_

or

City of _Globe_

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

{ If child is not yet named, make
{ supplemental report, as directed.

2. Full name of child _Eldred Lee_

| 3. Sex of Child | To be answered ONLY in event of plural births. | 4. Twin, triplet or other_____ | 6. Legitimate? | 7. Date of birth _1-16-25_ |
| _M._ | | 5. No., in order of birth_____ | _yes._ | Month day year |

8. FATHER	14. MOTHER
Full name _Robert Edmond Lee_	Full maiden name _Alvira Higgins_
9. Residence (Usual place of abode) _Globe_	15. Residence (Usual place of abode) _Globe_
If nonresident, give place and state _ariz_	If nonresident, give place and state _ariz_
10. Color or race _white_	11. Age at last birthday _37_ (Years)	16. Color or race _white_	17. Age at last birthday _29_ (Years)
12. Birthplace (city or place) _Central_ (State or country) _Arizona_	18. Birthplace (city or place) _Bryce_ (State or country) _Arizona_
13. Occupation Nature of industry _Miner_	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 _5_ (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 _1.50_ 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 _CW Adams_
(Physician or midwife)

Address _Globe, ariz._

Given name added from a supplemental report _____
Month, day, year.

Filed _2/4_ , 192_5_ _____ Local Registrar.

Filed _2/4_ , 192_5_ _____ County Registrar.

Registrar.

_535-116-18 2_