

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

V

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 197
County Registrar No. 2930
Local Registrar No. 17

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

2. Full name of child Robert Thornton Stanley Trevillyan } 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 1 }
6. Legitimate? yes }
7. Date of birth Jan. 16, 1925
Month day year

8. FATHER
Full name Arthur Stanley Trevillyan
9. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state _____

14. MOTHER
Full maiden name Minnie Nicola Gundry
15. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state _____

10. Color or race white
11. Age at last birthday 25 (Years)

16. Color or race white
17. Age at last birthday 25 (Years)

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

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

13. Occupation
Nature of industry Timberman in mine

19. Occupation
Nature of industry Housewife

20. Number of children of this mother }
(Taken as of time of birth of child herein } (a) Born alive and now living 8
certified and including this child.) } (b) Born alive but now dead 0
 } (c) Stillborn _____

21. Were precautions taken against opthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 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 J. C. Harper, M.D.
Address Globe Arizona
(Physician or midwife)

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