

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

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 205

County Registrar No. 27

Local Registrar No. 16

1. County of Gila

District of _____

Town of Globe

or

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 Julia Caplett

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 _____

6. Legitimate? yes

7. Date of birth

Jan. 19, 1925
Month day year

5. No., in order of birth 2

8. FATHER

FATHER

Full name

Frank Caplett

9. Residence

(Usual place of abode)

If nonresident, give place and state Globe, Ariz.

10. Color or race

White

11. Age at last birthday 38 (Years)

12. Birthplace (city or place)

Florence, Arizona

(State or country)

13. Occupation

Nature of industry

Blacksmith

14. MOTHER

MOTHER

Full maiden name

Julia Morales

15. Residence

(Usual place of abode)

If nonresident, give place and state Globe, Ariz.

16. Color or race

Mexican

17. Age at last birthday 34 (Years)

18. Birthplace (city or place)

Tucson, Arizona

(State or country)

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 8
(b) Born alive but now dead 6
(c) Stillborn _____

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 3:20 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.
(Physician ~~_____~~)

Address

Globe, Arizona

Given name added from a supplemental report

Month, day, year.

Filed 2/4

1925

J. E. Wylburn
Local Registrar.

Filed 2/4

1925

J. E. Wylburn
County Registrar.

Registrar.

133-119-148