

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139
 County Registrar No. 146
 Local Registrar No. 30

City of _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child Otis C. Simmons Jr. (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child m To be answered ONLY in event of plural births.
 4. Twin, triplet or other. AT
 5. No., in order of birth. 1
 6. Legitimate? yes
 7. Date of birth 2/15/25
 Month Day Year

8. FATHER
 Full name Otis C. Simmons

9. Residence (Usual place of abode) Globe Ariz
 If non-resident, give place and state.

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

12. Birthplace (city or place) Charleston
 (State or country) Ms.

13. Occupation
 Nature of industry Book-keeper

14. MOTHER
 Full maiden name Edith Dorris

15. Residence (Usual place of abode) Globe Ariz
 If non-resident, give place and state.

16. Color or race white
 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Central City, Colo
 (State or country)

19. Occupation
 Nature of industry Homemaker

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 1
 (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 3:29p 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 evidence of life after birth.
 Signature Clarence Hunter (Physician or midwife.)
 Address Globe Arizona

Given name added from a supplemental report. Filed Feb-25 19 25 L. E. Wightman Local Registrar.
 Month, day, year

Filed 3/9 19 25 H. E. Wightman County Registrar.

Registrar

622-215-542

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.