

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Globe

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index No. 156

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 149Local Registrar No. 37No. Gila County Hospital 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 \_\_\_\_\_

3. Sex of Child

To be answered ONLY  
in event of plural  
births.m.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate?

5. No., in order of birth 1styes

7. Date

of birth

2/18/25

Month

Day

Year

8. FATHER

Full name

Gerald S Edward Medsker

14. MOTHER

Full maiden name

Evelyn McGowan

9. Residence

(Usual place of abode)

Miami  
Arizona

If non-resident, give place and state.

15. Residence

(Usual place of abode)

Miami, Ariz

If non-resident, give place and state.

10. Color or race

white11. Age at last birthday 24 (Years)

16. Color or race

white17. Age at last birthday 22 (Years)

12. Birthplace (city or place)

Latonis Ohio

(State or country)

18. Birthplace (city or place)

Yocum Texas

(State or country)

13. Occupation

Nature of industry

mgr. Lumber Co.

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 none(b) Born alive but now dead none(c) Stillborn one

21. Were precautions taken against ophthalmia neonatorum?

no

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Still born

at

Globe 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

Month, day, year

Filed Feb. 25, 1925L. E. Wightman

Local Registrar.

Filed 3/9, 1925G. E. Wightman

County Registrar.

Registrar

049-218-545

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.