

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. 147
 County Registrar No. _____
 Local Registrar No. 47

No. Cedar St. #50 Middle
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Preston Earl Pettus (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. _____ 5. No., in order of birth. 2 6. Legitimate? yes 7. Date of birth Mar 11 - 25
 Month Day Year

8. FATHER
 Full name W R Pettus
 9. Residence Pleasant Valley
 (Usual place of abode)
 If non-resident, give place and state. Ariz
 10. Color or race W
 11. Age at last birthday 33 (Years)

14. MOTHER
 Full maiden name Willoway Saunders
 15. Residence Pleasant Valley
 (Usual place of abode)
 If non-resident, give place and state. Ariz
 16. Color or race W
 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Ariz
 (State or country)
 13. Occupation Rancher
 Nature of industry

18. Birthplace (city or place) Tex
 (State or country)
 19. Occupation Housewife
 Nature of industry

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 2 (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 4 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 evidence of life after birth.
 Signature R D Kennedy (Physician or midwife).
 Address Globe Ariz

Given name added from a supplemental report _____ Filed Mar 12 1925 L. E. Wightman
 Month, day, year Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

772 - 311 - 622

MARGIN RESERVED FOR BINDING
 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.