

MARGIN RESERVED FOR LINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

Fill in at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
 1. County of Globe  
 District of Copper Hill  
 Town of \_\_\_\_\_  
 or Globe  
 City of \_\_\_\_\_  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 State Index No. 169  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 103

2. Full name of child Ruby Lorraine Shipp  
 3. Sex of Child F To be answered ONLY in event of plural births. }  
 4. Twin, triplet or other \_\_\_\_\_ }  
 5. No. in order of birth \_\_\_\_\_ }  
 6. Legitimate? yes  
 7. Date of birth 3-29-1925  
 Month day year

8. FATHER  
 Full name Ben Shipp  
 9. Residence (Usual place of abode) Copper Hill  
 If nonresident, give place and state \_\_\_\_\_  
 10. Color or race W  
 11. Age at last birthday 28 (Years)  
 12. Birthplace (city or place) Copper Christi  
 (State or country) Texas  
 13. Occupation Truck Driver  
 Nature of industry mines

14. MOTHER  
 Full maiden name Minnie Lynch  
 15. Residence (Usual place of abode) Copper Hill  
 If nonresident, give place and state Ariz  
 16. Color or race W  
 17. Age at last birthday 24 (Years)  
 18. Birthplace (city or place) Bell County  
 (State or country) Texas  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother { (a) Born alive and now living 1  
 (b) Born alive but now dead 0  
 (c) Stillborn 1  
 (Taken as of time of birth of child herein certified and including this child.) }  
 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 alive at 5 P. 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 W. W. Horst  
 Address Globe Ariz  
 Filed Apr 1, 1925  
 Month, day, year. \_\_\_\_\_ Local Registrar.

Registrar. \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

927-319438