

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 185
 County Registrar No. _____
 Local Registrar No. 104

2. Full name of child Andrew Jackson Bailey No. 830 N. Sutherland St. _____ 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)

3. Sex of Child male 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 Mar 26 ¹⁹25
 Month Day Year

8. FATHER
 Full name Frank Holden Bailey

14. MOTHER
 Full maiden name Mera Ashlin

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

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

10. Color or face white 11. Age at last birthday 33 (Years)

16. Color or face white 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Helena, Montana
 (State or country)

18. Birthplace (city or place) Ford County, Tex
 (State or country)

13. Occupation
 Nature of industry Blacksmith

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 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 alive at 5 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 Clarence Hunter (Physician or midwife).
 Address Globe, Arizona

Given name added from a supplemental report. Filed Apr 30 1925 N W Foster Local Registrar.
 Month, day, year

Registrar

Filed _____ 19 _____

County Registrar.

128 - 326 - 515