

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 179

Registered No. _____

Local Registration 116

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. _____ St. _____ Ward _____

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

2. Full name of child Marjorie Lee Sullivan (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child 7. 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 4-20-25 Month Day Year

8. FATHER Full name Thomas Benjamin Sullivan

14. MOTHER Full maiden name Anna Danks

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

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

10. Color of race White 11. Age at last birthday 37 (Years)

16. Color of race White 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Weatherford (State or country) Texas

18. Birthplace (city or place) Winona (State or country) Missouri

13. Occupation Locomotive engineer Nature of industry _____

19. Occupation _____ Nature of industry Housewife

20. Number of children of this mother 3 (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 1 (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 8:45 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 C. W. Adams (Physician or midwife)

Given name added from a supplemental report _____ Address Globe Arizona

Month, day, year _____ Filed Apr 30, 1925 Registrar J. W. Stont

WRITE PLAINLY WITH U. S. PADDING 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.

425-420-122