

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 Globe,  
 Town of \_\_\_\_\_  
 or  
 City of Globe,

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 188  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 117

No. Lane Street, St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marvel May Walters, { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female,</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>4 25 1925</u> Month Day Year
5. No., in order of birth _____				

8. FATHER  
 Full name William T. Walters,

14. MOTHER  
 Full maiden name Jewel Crowe,

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

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

10. Color or race White  
 11. Age at last birthday 23 (Years)

16. Color or race White  
 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Water Valle,  
 (State or country) Miss.

18. Birthplace (city or place) Globe,  
 (State or country) Arizona.

13. Occupation  
 Nature of industry Auto Top Trimmer,

19. Occupation  
 Nature of industry Housewife,

20. Number of children of this mother } (a) Born alive and now living 1  
 (Taken as of time of birth of child herein } (b) Born alive but now dead \_\_\_\_\_  
 certified and including this child.) } (c) Stillborn \_\_\_\_\_

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 5:45 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 G. E. Wightman (Physician or midwife.)  
 Address Globe, Ariz.

Given name added from a supplemental report \_\_\_\_\_ Filed Apr 30, 1925 \_\_\_\_\_  
 Month, day, year Local Registrar.

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

462-425-135