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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 189
County Registrar No.
Local Registrar No. 120

PLACE OF BIRTH

1. County of Gila,
District of Globe,
Town of Globe,
or
City of ..... No. 193 4th. Street, St., Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Jean Gibson, (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Female — 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 (Month) 25 (Day) 1925. (Year)

FATHER

8. Full name: Jesse M. Gibson,
9. Residence (Usual place of abode): Arizona,
If non-resident, give place and state.
10. Color or race: White.
11. Age at last birthday 38 (Years)
12. Birthplace (city or place) ..... (State or country) Kentucky,
13. Occupation — Nature of industry: Mgr. Union Stage Co.,

MOTHER

14. Full maiden name: Hezel V. Story,
15. Residence (Usual place of abode): Arizona,
If non-resident, give place and state.
16. Color or race: White,
17. Age at last birthday 32 (Years)
18. Birthplace (city or place) Kenyon, (State or country) Minnisota,
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 1
(b) Born alive but now dead
(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, (Born alive or stillborn.) at 8:30A. m. on the date above stated

* 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 L. E. Wightman (Physician or midwife).
Address Globe, Ariz.

Given name added from a supplemental report ..... Month, day, year

Filed Apr 30, 1925 Winston
Local Registrar.

..... Registrar

Filed ....., 19.....
County Registrar.

275-425-828