

PLACE OF BIRTH

1. County of Lila

District of _____

Town of Globe

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 198

County Registrar No. _____

Local Registrar No. 123No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Donald Quentin Cage } If child is not yet named, make
supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date
of birth April 27, 1925
Month day yearMale5. No., in order of birth 1yes

8. FATHER

Full name William Omer Cage9. Residence
(Usual place of abode)If nonresident, give place and state Globe, Ariz.

10. Color or race

white11. Age at last birthday 38 (Years)

12. Birthplace (city or place)

(State or country)

Brown County
Kansas

13. Occupation

Nature of industry

miner

14. MOTHER

Full maiden name Myrtle Scott15. Residence
(Usual place of abode)If nonresident, give place and state Globe, Ariz.

16. Color or race

white17. Age at last birthday 37 (Years)

18. Birthplace (city or place)

(State or country)

Amora
Missouri

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 5(b) Born alive but now dead 0(c) Stillborn 121. Were precautions taken against oph-
thalmia neonatorum?yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 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
evidences of life after birth.

Signature

T. C. Harper, M.D.
(Physician or midwife)

Address

Globe, Ariz.Given name added from
a supplemental report

Month, day, year.

Filed

Apr 30, 1925

19

Local Registrar.

Registrar.

Filed

19

County Registrar.

435-427-423

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.