WRITE FULLY 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

1. County of Gila

District of

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166

County Registrar No.

Local Registrar No. 143

No. 498 High St. St. Ward

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

2. Full name of child Betty Lou Cox.

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth 2

6. Legitimate? yes

7. Date of birth May 5 - 25 (Month Day Year)

FATHER

8. Full name W E Cox

9. Residence (Usual place of abode) 498 S High St

If non-resident, give place and state.

10. Color or race W

11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Okla.

(State or country)

13. Occupation Smelterman

Nature of industry

MOTHER

14. Full maiden name Lela K. Sommer.

15. Residence (Usual place of abode) 498 S High

If non-resident, give place and state.

16. Color or race W

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Miss

(State or country)

19. Occupation Housewife

Nature of industry

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 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 (Born alive or stillborn.) at 9 P. 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 R. D. Kennedy (Physician or midwife).

Address Globe Ariz.

Given name added from a supplemental report

Month, day, year

Filed May 30, 1925 W. W. Lorch Local Registrar.

Registrar

Filed , 19

County Registrar.

237-505-329