ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 207
County Registrar No.
Local Registrar No. 137

PLACE OF BIRTH

1. County of Gila,
District of Globe,
Town of
or
City of 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 Un-named { 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 5 (Month) 18 (Day) 1925 (Year)

FATHER

8. Full name: Elija P. Crowe,
9. Residence (Usual place of abode): Globe, Ariz.
If non-resident, give place and state.
10. Color or race: White
11. Age at last birthday 47 (Years)
12. Birthplace (city or place) Kerville,
(State or country) Texas.
13. Occupation
Nature of industry: Laborer,

MOTHER

14. Full maiden name: Grace Alley,
15. Residence (Usual place of abode): Globe, Ariz.
If non-resident, give place and state.
16. Color or race: White
17. Age at last birthday 48 (Years)
18. Birthplace (city or place) Cameron,
(State or country) Texas.
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 2
(b) Born alive but now dead 3
(c) Stillborn
21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 7: A.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 L. E. Wightman (Physician or midwife).
Address Globe, Ariz.

Given name added from a supplemental report
Month, day, year
Filed 6/30, 1925 W. W. Horst
Local Registrar.

Registrar
Filed , 19
County Registrar.

035-518-718

WRITE ONLY 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.