

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 150
 Registered No. 151

1. PLACE OF BIRTH

County Globe Gila State Ariz.
 District or Township _____ or Village _____
 City 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 Wm Franklin Youngblood Jr.

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

3. Sex of Child <u>Male</u>	<small>To be answered ONLY in event of plural births.</small>	4. Twin, triplet or other	6. Legitimate <u>yes.</u>	7. Date of birth <u>6-9-25</u> Month Day Year
		5. No., in order of birth		

8. FATHER
Full name Wm Franklin Youngblood

14. MOTHER
Full maiden name Margaret Alice Martin

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

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

10. Color or race
white

11. Age at last birthday 25 (Years)

16. Color or race
white

17. Age at last birthday 20 (Years)

12. Birthplace (city or place)
(State or country) Oklahoma

18. Birthplace (city or place)
(State or country) Globe Ariz.

13. Occupation
Nature of industry laborer

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living <u>2</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>
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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 9:10 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 C. W. Adams

Globe Ariz.
(Physician or Midwife)

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

Address _____

Registrar _____

Filed 6/30, 1925. W. W. J. J. J.
Registrar

1094-609-445