

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Globe
 Town of _____
 or _____
 City of Globe

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 181
 County Registrar No. _____
 Local Registrar No. 158
 No. Gila Co Hosp. St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mathieu Vander Heyden Jr (If child is not yet named, make supplemental report, as directed)

3. Sex of Child M To be answered ONLY In event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth June 21 - 25
 Month Day Year

8. FATHER
 Full name Mathieu Van Der Heyden

14. MOTHER
 Full maiden name Madge Jones

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

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

10. Color or race W 11. Age at last birthday 32 (Years)

16. Color or race W 17. Age at last birthday 43 (Years)

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

18. Birthplace (city or place) Eng.
 (State or country)

13. Occupation Stage driver
 Nature of industry

19. Occupation Nurse
 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 0
 (b) Born alive but now dead 0
 (c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 10 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 evidence of life after birth.

Signature R. D. Fermedy (Physician or midwife)
 Address Globe

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

Filed 6/30 1925 W. W. Worst
 Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

455-620-412