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

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 208

County Registrar No.

Local Registrar No. 168

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe No. 556 Bucky Meed St. Ward

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

2. Full name of child Charles Edward Kunz (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male | 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 June 29-1925 (Month Day Year)

FATHER	MOTHER
8. Full name Irvin Elmer Kunz.	14. Full maiden name Bernice Webster
9. Residence (Usual place of abode) Safford	15 Residence (Usual place of abode) Safford
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race W	16 Color or race W
11. Age at last birthday 35 (Years)	17. Age at last birthday 33 (Years)
12. Birthplace (city or place) Mt Pelier	18. Birthplace (city or place) Nephi
(State or country) Idaho	(State or country) Utah
13. Occupation Truck Driver	19. Occupation
Nature of industry	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 4
(b) Born alive but now dead 1
(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 5:30 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. Hennedy (Physician or midwife).

Address Globe

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

Filed 6/30, 1925. W. W. Horst Local Registrar.

Registrar

Filed , 19 County Registrar.

379 - 629 - 269