

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151
 County Registrar No. _____
 Local Registrar No. 177

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Bernard } 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. - 6. Legitimate? yes
 7. Date of birth July 5, 1925
 Month day year

8. FATHER
 Full name William E. Bernard
 9. Residence (Usual place of abode) Globe, Ariz.
 If nonresident, give place and state
 10. Color or race white
 11. Age at last birthday 39 (Years)
 12. Birthplace (city or place) Kansas city mo.
 (State or country)

14. MOTHER
 Full maiden name Mary O. Martin
 15. Residence (Usual place of abode) Globe, Ariz.
 If nonresident, give place and state
 16. Color or race white
 17. Age at last birthday 28 (Years)
 18. Birthplace (city or place) Eaton Colorado
 (State or country)

13. Occupation
 Nature of industry Blacksmith
 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 five
 (b) Born alive but now dead two
 (c) Stillborn none
 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 11:50 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 evidences of life after birth.
 Signature T.C. Harper, M.D.
 Address Globe, Ariz.

Given name added from _____
 a supplemental report _____
 Month, day, year. Filed 7/30, 1925
024-725-445 Registrar. _____ Local Registrar.
 _____ County Registrar.

WRITE INLY 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.