

PLACE OF BIRTH

1. County of Gila

District of _____

Town of _____

or _____

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 155

County Registrar No. _____

Local Registrar No. 180

St. _____ Ward _____

2. Full name of child Gloria Dedrick
(If birth occurred in a hospital or institution, give NAME instead of street and number)
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 July 6, 1925
Month July day 6 year 19258. FATHER
Full name M. A. Dedrick
9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state _____14. MOTHER
Full maiden name Inogene Smith
15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state _____10. Color or race white
11. Age at last birthday 28 (Years)16. Color or race white
17. Age at last birthday 23 (Years)12. Birthplace (city or place) Colorado
(State or country)18. Birthplace (city or place) Arizona
(State or country)13. Occupation auto salesman
Nature of industry hardware19. Occupation _____
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 2
(b) Born alive but now dead 0
(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 at Globe on the date above stated.
(Born alive or stillborn.)Signature A. J. Kennedy
(Physician or midwife)
Address Globe, ArizonaGiven name added from a supplemental report _____
Month, day, year. _____
Filed 7/30, 1925 W. W. West
Registrar. _____
Local Registrar.Registrar. 742-106-928
County Registrar. _____WRITE FULLY 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.