

## 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. 157  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 178

\_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 If child is not yet named, make supplemental report, as directed.

2. Full name of child Jewel Cochrane  
 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 day year

3. FATHER  
 Full name Thomas Bruce Cochrane

9. Residence (Usual place of abode)  
 If nonresident, give place and state Young, Ariz.

10. Color or race white  
 11. Age at last birthday 43 (Years)

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

13. Occupation  
 Nature of industry Farmer

14. MOTHER  
 Full maiden name Phileta King

15. Residence (Usual place of abode)  
 If nonresident, give place and state Young, Ariz.

16. Color or race white  
 17. Age at last birthday 29 (Years)

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

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 four  
 (b) Born alive but now dead none  
 (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 10:05 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 \_\_\_\_\_  
 Local Registrar. \_\_\_\_\_

Filed \_\_\_\_\_  
 County Registrar. \_\_\_\_\_

135-706-727  
 Registrar.

WRITE ONLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. RETURN must be made for each, and the number of each, in order of birth stated.

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.