

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. 203
 County Registrar No. _____
 Local Registrar No. 191

2. Full name of child Baby Snyder } 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 one 5. No., in order of birth one 6. Legitimate? yes 7. Date of birth July 27, 1925
 Month day year

8. FATHER
 Full name Joe Snyder
 9. Residence (Usual place of abode) Globe, Ariz.
 If nonresident, give place and state _____
 10. Color or race white
 11. Age at last birthday 21 (Years)
 12. Birthplace (city or place) Gail
 (State or country) Texas
 13. Occupation
 Nature of industry Miner in mine

14. MOTHER
 Full maiden name Gertrude Philipps
 15. Residence (Usual place of abode) Globe, Ariz.
 If nonresident, give place and state _____
 16. Color or race white
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Roswell
 (State or country) New Mexico
 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 one
 (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 12:30 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 J. C. Harper M. D.
 (Physician ~~midwife~~)
 Address Globe Ariz.

Given name added from supplemental report _____
 Month, day, year. Filed 7/30 1925 J. W. Nash
 Registrar. Local Registrar.
029-727-172 Filed _____ 19____
 Registrar. County Registrar.

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.
 WRITE FULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 REAMEN RESERVED FOR BIRTH