

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
STANDARD CERTIFICATE OF BIRTH

State File No. 181 V
Registered No. 214

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Andrew Pascoe Ellis (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 8-22-25 Month Day Year

8. FATHER
Full name Pascoe Ellis

14. MOTHER
Full maiden name Willie Ben Nail

9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 23 (Years)

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

12. Birthplace (city or place) Cornwall
(State or country) England

18. Birthplace (city or place) Millsap
(State or country) Texas

13. Occupation
Nature of industry Machinist.

19. Occupation
Nature of industry Housewife.

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 1:10 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 evidence of life after birth.

Signature W. Adams
Globe, Ariz.
(Physician or _____)

Given name added from a supplemental report _____ Address _____

Month, day, year _____ Filed 8/27, 1925 W. W. Novek Registrar

152-802-653