ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 120

County Registrar No.

Local Registrar No. 232

PLACE OF BIRTH

1. County of Gila,

District of Globe,

Town of

or

City of Globe, No. North Globe, Miami Road St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joseph Loyal Crothers, (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 9 (Month) 14 (Day) 1925 (Year)

8. FATHER

Full name Joseph Martin Crothers,

9. Residence (Usual place of abode) Globe,

If non-resident, give place and state.

10. Color or race White,

11. Age at last birthday 24 (Years)

12. Birthplace (city or place)

(State or country) England,

13. Occupation

Nature of industry Machinist,

14. MOTHER

Full maiden name Susan Marie Smith,

15 Residence (Usual place of abode) Globe,

If non-resident, give place and state.

16 Color or race White

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Madrid,

(State or country) Neb.

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 1

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, (Born alive or stillborn.) at 2:45 A. m. on the date above stated

Signature L. E. Wightman (Physician or midwife).

Address Globe, Ariz.

* 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.

Given name added from a supplemental report

Month, day, year

Filed 9/30, 1925. W. W. Hurst Local Registrar.

132-914-228 Registrar

Filed 19 County Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC.

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.

PERSON ASSERTED FOR BINDING