

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila,  
 District of Globe,  
 Town of \_\_\_\_\_  
 or  
 City of Globe,

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 2774

No. 720 South Second Street, Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marjorie Elaine Ellidge, (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <b>Female</b>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <b>Yes.</b>	7. Date of birth <u>9 30 1925.</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER  
 Full name Homer Byron Ellidge,

14. MOTHER  
 Full maiden name Anna Nations,

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

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

10. Color or race White  
 11. Age at last birthday 40 (Years)

16. Color or race White,  
 17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Annite,  
 (State or country) Colo.

18. Birthplace (city or place) Pima,  
 (State or country) Arizona.

13. Occupation Engineer,  
 Nature of Industry

19. Occupation Housewife,  
 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 3  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

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 9:30 A. on the date above stated  
 (If 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 E. E. Wightman (Physician or midwife).  
 Address Globe, Ariz.

Given name added from a supplemental report Month, day, year Filed \_\_\_\_\_ 19\_\_\_\_  
4 55 9 30 1925 Filed 10/31 1925 W. W. Horst Local Registrar.  
 Registrar County Registrar