

## PLACE OF BIRTH

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

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 262

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

2. Full name of child Joyce Smart. { If child is not yet named, make supplemental report, as directed.

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 10 11 1925  
 Month Day Year

8. FATHER  
 Full name James Smart,  
 9. Residence (Usual place of abode) Globe,  
 If non-resident, give place and state.

10. Color or race White,  
 11. Age at last birthday 41 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Texas,

13. Occupation Laborer,  
 Nature of Industry

14. MOTHER  
 Full maiden name Lillian Allen,  
 15. Residence (Usual place of abode) Globe,  
 If non-resident, give place and state.

16. Color or race White  
 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Texas,

19. Occupation Housewife,  
 Nature of Industry

20. Number of children of this mother } (a) Born alive and now living 4  
 (Taken as of time of birth of child herein } (b) Born alive but now dead \_\_\_\_\_  
 certified and including this child.) } (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, at 9: 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 E. E. Wightman (Physician or midwife)

Address Globe, Ariz.

Given name added from a supplemental report \_\_\_\_\_ Filed 10/31 1925 W. W. Horst Local Registrar.

Registrar

Filed \_\_\_\_\_ 19\_\_\_\_

County Registrar

123-1011-315

THIS RECORD  
 is for each, and the num.

44 PREPARING 1  
 at a birth, a SEPARATE  
 order of birth stated.

N. E.