

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 193
 Registered No. 258

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 William Robert Sniffer (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births. <u>✓</u>	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct. 23, 1925</u> Month Day Year
		5. No., in order of birth <u>1</u>		

8. **FATHER**
 Full name John Sniffer
 9. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 34 (Years)
 12. Birthplace (city or place) Secora
 (State or country) New Mexico
 13. Occupation
 Nature of industry Mechanic

14. **MOTHER**
 Full maiden name Ella Boas
 15. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 30 (Years)
 18. Birthplace (city or place) Fort Smith,
 (State or country) Ark.
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother _____ <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>Six</u> (b) Born alive but now dead <u>none</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 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 evidence of life after birth.

Signature T. C. Harper, M. D.

(Physician or midwife.)

Given name added from a supplemental report _____
 Address Globe, Ariz.
 Month, day, year _____
 Filed 10/31 1925 W. W. Horal
 Registrar Registrar

625-1023-522

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.