

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 BIRTHState Index No. 197

County Registrar No. _____

Local Registrar No. 273No. West Masquit. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child John William Ezell, (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 10 24 1925 Month Day Year
--------------------------------	--	--	------------------------------	---

8. FATHER Full name John G. Ezell,		14. MOTHER Full maiden name Virginia Thomas,	
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 47 (Years)	16. Color or race White	17. Age at last birthday 41 (Years)
12. Birthplace (city or place) (State or country) Alabama,		18. Birthplace (city or place) (State or country) Llano, Texas,	
13. Occupation Nature of industry Laborer,		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	21. Were precautions taken against oph- thalmia neonatorum? Yes,
	(b) Born alive but now dead 1	
	(c) Stillborn _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive** at **3:05 AM** 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 <i>W. E. Wightman</i>	(Physician or midwife.)
	Address Globe, Ariz.	

Given name added from
a supplemental report. Month, day, year 10/31, 1925 Filed W. W. Hough
Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar _____

153-1024-532