

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

State File No. 152
 Registered No. 284

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 Betty Ann Steele
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>11-8-25</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Joseph Edward Steele
 9. Residence (Usual place of abode) Globe Arizona
If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 39 (Years)
 12. Birthplace (city or place) England
(State or country)
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Mary Elizabeth Stewart
 15. Residence (Usual place of abode) Globe Arizona
If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 37 (Years)
 18. Birthplace (city or place) England
(State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother <u>5</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>	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 10:45 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 C. W. Adams
Globe Ariz.
(Physician or midwife)

Given name added from a supplemental report _____ Address _____
 Month, day, year _____
 Filed Nov 30 1925 W. J. Stout
 Registrar Registrar

225-1106-423

N. B.—In case of more than one child, the order of birth shall be made for each, and the number...