ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 160

Registered No. 464

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. _____ St., _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joseph Edward Gilmore { 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 Jan. 14, 1926. Month Day Year

8. FATHER

Full name Joseph Gilmore

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Cauc. | 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Capitan,

(State or country) New Mex.

13. Occupation

Nature of industry Foreman

14. MOTHER

Full maiden name Effie McBroom

15 Residence (Usual place of abode) Miami,

If non-resident, give place and state. Arizona

16 Color or race Cauc. | 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Globe.

(State or country) Arizona

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 2

(b) Born alive but now dead 2

(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 at 5 15 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 Cyril M. Crow M.D.

Physician (Physician ~~or midwife~~).

Address Miami, Arizona

Given name added from a supplemental report _____ Month, day, year

Filed Jan 24, 1926 C. E. Irvin Registrar

_____ Registrar

175-114-544