

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

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of _____
 or Globe
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159
 County Registrar No. _____
 Local Registrar No. 40
 St. 2 Ward _____

2. Full name of child Betty Jane Gundry
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child 7 } To be answered ONLY in event of plural births.
 4. Twin, triplet or other. X
 5. No., in order of birth X
 6. Legitimate? yes
 7. Date of birth 2 20 26
 Month Day Year

8. FATHER
 Full name Joseph L. Gundry
 9. Residence (Usual place of abode) 449 S East St Globe
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Cora Gilmour
 15. Residence (Usual place of abode) 449 S East St Globe
 If non-resident, give place and state.

10. Color or race W
 11. Age at last birthday 31 (Years)

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

12. Birthplace (city or place) St. Ignace Bingham Canyon
 (State or country)

18. Birthplace (city or place) Edmonton Canada
 (State or country)

13. Occupation Solicitor
 Nature of Industry

19. Occupation Housewife
 Nature of Industry

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 _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 9 25 P

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at _____ in, on the date above stated

* 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 Dorothy Gundry (Physician or midwife)
 Address Globe

Given name added from a supplemental report Filed 2/28 26 19____ Local Registrar.
 Registrar _____ Filed _____ 19____ County Registrar.

278-220-375