MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 117A V

Registered No. 129

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 Celia Melba Gregory { If child is not yet named, make supplemental report, as directed.

3. Sex of Child F1 | To be answered ONLY in event of plural births. | 4. Twin, triplet or other | 5. No., in order of birth X2 | 6. Legitimate? yes | 7. Date of birth 3 (Month) 1 (Day) 1926 (Year)

8. FATHER

Full name Ivan Gregory

9. Residence (Usual place of abode) Globe

If non-resident, give place and state.

10. Color or race W

11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Eng.

(State or country)

13. Occupation Chief sampler

Nature of industry

14. MOTHER

Full maiden name Celia Carne

15. Residence (Usual place of abode) Globe

If non-resident, give place and state.

16. Color or race W

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Globe

(State or country) Gila. Ariz

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 2

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living yes

(b) Born alive but now dead

(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 alive 7½ at 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 R D Kennedy

Physician (Physician or Midwife).

Given name added from a supplemental report 378-301-325 Address

Month, day, year

Filed , 19 [illegible] Registrar

Registrar