

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

State File No. 166
 Registered No. 68

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 Marie Nettie Savoie { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 3-18-26
 Month Day Year

8. FATHER
 Full name Christopher Theodore Savoie
 9. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Ariz.
 10. Color or race White
 11. Age at last birthday 24 (Years)
 12. Birthplace (city or place) Mont Rose
 (State or country) Missouri
 13. Occupation Floor-man Garage
 Nature of industry _____

14. MOTHER
 Full maiden name Memona Irene Stewart
 15. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Ariz.
 16. Color or race White
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Santa Rita
 (State or country) N. Mex.
 19. Occupation Housewife.
 Nature of industry _____

20. Number of children of this mother 1
 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0 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 at 4:40 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 CW Adams
Physician
 (Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Ariz.
 Month, day, year _____ Filed 3/31/26 W. W. Mont
 Registrar Registrar

423-316-523

THIS IS A REPRODUCTION. FURN must be made for each, and the number of each in order of birth stated.