

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

State File No. 182
 Registered No. 74

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 Vera Mary Horlick { 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 3-25-26
 Month Day Year

8. FATHER
 Full name Cyril Francis Horlick
 9. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Arizona
 10. Color or race White
 11. Age at last birthday 25 (Years)

14. MOTHER
 Full maiden name Ruth Marie Eriksson
 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 26 (Years)

12. Birthplace (city or place) Hobart
 (State or country) Tasmania
 13. Occupation male nurse
 Nature of Industry _____

18. Birthplace (city or place) Adelbert
 (State or country) Iowa
 19. Occupation _____
 Nature of Industry Housewife

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 6:10 P m. on the date above stated
 (Born alive or stillborn)

Signature C. W. Adams

 (Physician or midwife)

Address Globe, Ariz

 Filed 3/31/26 Registrar W. W. Stout

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

582-325-955

WRIT MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. E.—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.