

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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 Globe
 Town of Globe
 or
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140
 County Registrar No. _____
 Local Registrar No. 1257

No. 5-90 East Seaman Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Louise Curtis { If child is not yet named, make supplemental report, as directed.
 3. Sex of Child F. To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes.
 7. Date of birth June 24-26
 Month Day Year

8. FATHER
 Full name Orson Curtis

14. MOTHER
 Full maiden name Mary Brakefield

9. Residence (Usual place of abode) Globe
 If non-resident, give place and state.

15. Residence (Usual place of abode) Globe
 If non-resident, give place and state.

10. Color or race white
 11. Age at last birthday 26 (Years)

16. Color or race white
 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Utah
 (State or country)

18. Birthplace (city or place) New Mexico
 (State or country)

13. Occupation
 Nature of Industry Miner

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 0
 (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 at 5:30 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 Dr. R. D. Kennedy (Physician or midwife)
 Address Globe Arizona

Given name added from a supplemental report _____
 Month, day, year _____ Filed 6/31, 1926 W. W. Dorst Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

432-624-424