

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 _____

Town of _____

or Globe

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 110

County Registrar No. _____

Local Registrar No. 137

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas Jefferson Coffey } If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. no } 5. No., in order of birth. 1 } 6. Legitimate? yes } 7. Date of birth July 4, 1926 } Month July day 4 year 1926

3. FATHER
Full name William Coffey

14. MOTHER
Full maiden name Betty Phelan

9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state

15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state

10. Color or race Negro
11. Age at last birthday 27 (Years)

16. Color or race Negro
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Denver, Ky.
(State or country)

18. Birthplace (city or place) Montgomery Ala.
(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 Two (b) Born alive but now dead none (c) Stillborn none } 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 10:20 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 evidences of life after birth.
Signature J. C. Harper, M.D. (Physician or midwife)

Address Globe, Arizona
Given name added from a supplemental report _____
Month, day, year. _____ Filed 7-31, 1926 Local Registrar.

Registrar. _____ Filed _____ County Registrar.

338-704-275