

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

State File No. 112  
 Registered No. 161

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. Gila County Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Infant Kilgore { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. 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 7-5-26  
 Month Day Year

**8. FATHER**

Full name David Lee Kilgore

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

10. Color or race White 11. Age at last birthday 44 (Years)

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

13. Occupation Dairy-man  
 Nature of industry

**14. MOTHER**

Full maiden name Sarah Williams

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

16. Color or race White 17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Eldorado Springs Missouri  
 (State or country)

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 3 (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 1 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Full term at 10:45 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 C. Williams  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Globe Ariz  
 Month, day, year \_\_\_\_\_ Filed 7-31, 1926 W. H. Horst  
 Registrar Registrar

025-705-262

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.