ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 121

Registered No. 162

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 John Bernard Devereau Jr. { 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 7-7-26 (Month Day Year)

8. FATHER

Full name John Bernard Devereau Sr.

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 34 (Years)

12. Birthplace (city or place) Denver

(State or country) Colorado

13. Occupation

Nature of Industry Salesman.

14. MOTHER

Full maiden name Loraine Marie ~~Thomas~~ Thomas

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 31 (Years)

18. Birthplace (city or place)

(State or country) Colorado.

19. Occupation

Nature of Industry Housewife

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 3

(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 (Born alive or stillborn) at 3:00 P. m. on the date above stated

*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 W Adams

Physician (Physician or midwife).

Address Globe Ariz.

Given name added from a supplemental report ..... Month, day, year

Registrar

Filed 7-31 1926 H. H. Horst Registrar

145-707-332

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.