

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

BUREAU OF VITAL STATISTICS

State Index No. 142

District of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Town of Globe

or

Local Registrar No. 141

City of Globe Ariz

No. Block + Anderson Addition
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Warren Leon Reed (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. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth July 15 - 1926
Month Day Year

8. FATHER Full name Warren Kenneth Reed

14. MOTHER Full maiden name Ara Lee

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 21 (Years)

16. Color or race white 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Safford Ariz.
(State or country)

18. Birthplace (city or place) Shattuck Ariz.
(State or country)

13. Occupation Nature of industry Salesman

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 (b) Born alive but now dead (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 9:30 (Born alive or stillborn.) 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 Dr. G. Hunter (Physician or midwife)

Address Globe Arizona

Given name added from a supplemental report. Filed 7-31 1926 W. W. Horst Local Registrar.

Registrar Filed _____ 19____ County Registrar.

694-715-635