PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
District of
Town of Miami
or
City of
No. Miami Inspiration Hospital St., Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 149
County Registrar No. 772
Local Registrar No.

2. Full name of child Kathleen Eleanor Gould {If child is not yet named, make supplemental report, as directed.

3. Sex of Child female | 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 Aug 6 1926 (Month Day Year)

8. FATHER
Full name Frank Joseph Gould

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

10. Color or race White | 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Batavia
(State or country) Illinois

13. Occupation Mining engineer
Nature of industry Copper

14. MOTHER
Full maiden name Kathleen Elizabeth Dunlap

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

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

18. Birthplace (city or place) Elwood
(State or country) Indiana

19. Occupation Housewife
Nature of industry

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 1
(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 alive (Born alive or stillborn) at 2:10 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 J. F. Miller (Physician or midwife).
Address Miami, Arizona

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

Filed Aug 17, 1926 C. E. Irvin Local Registrar.

Registrar

Filed , 19 County Registrar.

274-806-247

...case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, order of birth stated.