

1. Case of more than one child at 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. 209  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 171

No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
2. Full name of child Bonnie Mae Clark (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child 41 } To be answered ONLY in event of plural births.  
4. Twin, triplet or other... 2  
5. No. in order of birth 2  
6. Legitimate? yes  
7. Date of birth Aug 26 - 26  
Month Day Year

8. FATHER  
Full name Robert Kyle Clark  
9. Residence (Usual place of abode) Globe  
If non-resident, give place and state.  
10. Color or race W  
11. Age at last birthday 24 (Years)  
12. Birthplace (city or place) Tex  
(State or country)  
13. Occupation mill man  
Nature of industry

14. MOTHER  
Full maiden name Ella Mae Jennings  
15. Residence (Usual place of abode) Globe  
If non-resident, give place and state.  
16. Color or race W  
17. Age at last birthday 22 (Years)  
18. Birthplace (city or place) Ariz  
(State or country)  
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 2  
(b) Born alive but now dead 0  
(c) Stillborn \_\_\_\_\_  
21. Were precautions taken against ophthalmia neonatorum? ye

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a 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 R. J. Kennedy (Physician or midwife)  
Address Globe Ariz

Given name added from a supplemental report. Filed 8-31, 1926 at H. H. Norton Local Registrar.  
Month, day, year  
Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

Registrar

232-856-518