2.17 V

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe No. McMillian-Wash. St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 216

County Registrar No.

Local Registrar No. 168

2. Full name of child Daisy Raye Hawkins (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F

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 8-27-1926 (Month Day Year)

8. FATHER

Full name Daniel Elijah Hawkins

9. Residence (Usual place of abode) McMillian Wash.

If non-resident, give place and state. Globe

10. Color or race White

11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Eden

(State or country) Ariz

13. Occupation R.R. Section foreman

Nature of industry

14. MOTHER

Full maiden name Amy Palmer

15 Residence (Usual place of abode)

If non-resident, give place and state. Globe

16 Color or race White

17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Eden

(State or country) Ariz

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 4

(b) Born alive but now dead 2

(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 or ~~stillborn~~.) at 6 15 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 W Horst (Physician or ~~midwife~~)

Address Globe

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

Filed 8/31, 1926 W. W. Horst Local Registrar.

Registrar

Filed, 19

County Registrar

482-82-7-179

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 birth-record.

WRITE PLAINLY ...TH UNFADING INK—THIS IS A PE...