

WRITE ONLY WITH A PENDING FINE—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.

ARIZONA STATE BOARD OF HEALTH

A. PLACE OF BIRTH
 1. County of Gila
 District of _____
 Town of _____
 or
 City of Globe

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 179
 County Registrar No. _____
 Local Registrar No. 209
 _____ St. _____ Ward

2. Full name of child Elloa Jane Junette
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 No. 420 Kline St.

3. Sex of Child Female
 To be answered ONLY in event of plural births. 4
 4. Twin, triplet or other. 2
 5. No., in order of birth. 2
 6. Legitimate? yes
 7. Date of birth Sept. 28, 1926
 Month day year

8. FATHER
 Full name Leon Edward Junette
 9. Residence (Usual place of abode) Globe, Arizona
 If nonresident, give place and state
 10. Color or race white
 11. Age at last birthday 22 (Years)

14. MOTHER
 Full maiden name Diamond Marie Maxwell
 15. Residence (Usual place of abode) Globe, Arizona
 If nonresident, give place and state
 16. Color or race white
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Seattle
 (State or country) Washington
 13. Occupation
 Nature of industry Bank Clerk

18. Birthplace (city or place) Globe
 (State or country) Arizona
 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 one
 (b) Born alive but now dead none
 (c) Stillborn none
 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 p. 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 evidences of life after birth.
 Signature T. C. Harper, M.D.
 (Physician or midwife)
 Address Globe, Arizona

Given name added from a supplemental report _____
 Month, day, year. _____
 Filed 9/30 1926

 Local Registrar
 County Registrar H. H. Norst

515-928-443