

PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Globe

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index No. 200

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. \_\_\_\_\_

Local Registrar No. 227

St. \_\_\_\_\_ Ward \_\_\_\_\_

No. Gila County Hosp.  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Mary Louise Gingell3. Sex of Child FTo be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other. \_\_\_\_\_

6. Legitimate? yes7. Date Oct - 26 - 1926  
of birth Month day year

5. No., in order of birth. \_\_\_\_\_

8. FATHER

Full name Harry John Gingell

9. Residence

(Usual place of abode)

If nonresident, give place and state Globe10. Color or race White11. Age at last birthday 27 (Years)

12. Birthplace (city or place)

(State or country) Bethesda Maryland

13. Occupation

Nature of industry optician

14. MOTHER

Full maiden name Genevieve Washburn

15. Residence

(Usual place of abode)

If nonresident, give place and state Globe16. Color or race White17. Age at last birthday 35 (Years)

18. Birthplace (city or place)

(State or country) Karron Pennsylvania

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 1  
(b) Born alive but now dead 1  
(c) Stillborn 121. Were precautions taken against oph-  
thalmia neonatorum? yaCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* 40I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ (Born alive or stillborn.) at 9 A. 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  
evidences of life after birth.Given name added from  
a supplemental report \_\_\_\_\_

Month, day, year.

Signature W. W. HorstAddress GlobeFiled 10-31, 1926

Filed \_\_\_\_\_, 19\_\_\_\_

Registrar.

Local Registrar. W. W. Horst

County Registrar.

473-1026-765

RECORD

N. B.—In case of more than one child at a birth, a SEPARATE FORM must be filled out in order of birth, stated.