

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 184

District of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Town of _____

Local Registrar No. 247

or
City of Globe

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

2. Full name of child Richard Walter

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

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth 11 26 26
Month day year

male

5. No., in order of birth

Yes

5. FATHER
Full name Ausborne W. Andrews

14. MOTHER
Full maiden name Bessie Smith

9. Residence (Usual place of abode)
If nonresident, give place and state Blake add.

15. Residence (Usual place of abode)
If nonresident, give place and state Blake add.

10. Color or race
negro

11. Age at last birthday 23 (Years)

16. Color or race
negro

17. Age at last birthday 25 (Years)

12. Birthplace (city or place) El Paso
(State or country)

18. Birthplace (city or place) Cedar Grove, Texas
(State or country)

13. Occupation
Nature of industry Laborer

19. Occupation
Nature of industry l. w.

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
(c) Stillborn

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 11:30 p. 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 G. E. W. [unclear]
(Physician or midwife)

Address Globe Arizona
Given name added from a supplemental report _____
Month, day, year. Filed 11-30 1926

Local Registrar. _____
County Registrar. _____

969-1126-228