

PLACE OF BIRTH

1. County of Gila

District of _____

Town of _____

or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 126County Registrar No. 265

Local Registrar No. _____

No. _____ St. _____ Ward _____

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

2. Full name of child James Wilbur Brownfield } If child is not yet named, make
supplemental report, as directed.3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other no 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth Dec. 5, 1926
Month day year5. FATHER
Full name William Brownfield11. MOTHER
Full maiden name Marble Cox3. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state10. Color or race white
11. Age at last birthday 23 (Years)16. Color or race white
17. Age at last birthday 21 (Years)12. Birthplace (city or place) Ora Blanco
(State or country) Mexico18. Birthplace (city or place) Ozona
(State or country) Texas13. Occupation
Nature of industry miner19. Occupation
Nature of industry Housewife20. 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 two
(b) Born alive but now dead none
(c) Stillborn none21. 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 3:45 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 12/31, 1926

Local Registrar.

Filed _____

County Registrar.

Registrar.

124-1205-1437

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.