

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

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

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

or \_\_\_\_\_

City of GlobeBUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 153

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

Local Registrar No. 262

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

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

2. Full name of child Rose Mary Kellner } If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? Yes 7. Date of birth 12 14 26  
Month day year8. FATHER Full name William T. Kellner 14. MOTHER Full maiden name Leana Smith9. Residence (Usual place of abode) 610 Ash St 15. Residence (Usual place of abode) 610 Ash St  
If nonresident, give place and state10. Color or race White 11. Age at last birthday 34 (Years) 16. Color or race White 17. Age at last birthday 26 (Years)12. Birthplace (city or place) Globe 18. Birthplace (city or place) Cripple Creek Colorado  
(State or country)13. Occupation Merchant 19. Occupation House wife  
Nature of industry20. Number of children of this mother (a) Born alive and now living 5 (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 6:55A. 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 L. E. Washburn M.D. (Physician or midwife)Address Globe, Arizona

Given name added from a supplemental report \_\_\_\_\_

Month, day, year. Filed \_\_\_\_\_ 19. \_\_\_\_\_

Filed 12/31 26 \_\_\_\_\_

Registrar.

Local Registrar.

County Registrar.

929-1214-326

WRITE PLAINLY. WRITE LEGIBLY. A SEPARATE RETURN must be made for each, and the number of each, in order of birth stated. 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.