ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148
County Registrar No.
Local Registrar No. 26

PLACE OF BIRTH
1. County of Gila
District of Globe
Town of Globe
or
City of Globe
No. St., Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Belly Jo Horne
(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. No., in order of birth
6. Legitimate? Yes
7. Date of birth 2 - 10 - 28 (Month Day Year)

8. FATHER
Full name James Pleasant Horne
9. Residence (Usual place of abode)
If non-resident, give place and state Globe, Ariz
10. Color or race White
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Delhi Texas
(State or country)
13. Occupation
Nature of industry

14. MOTHER
Full maiden name Lola Mae Regan
15 Residence (Usual place of abode)
If non-resident, give place and state Globe, Ariz
16 Color or race White
17. Age at last birthday 23 (Years)
18. Birthplace (city or place)
(State or country) Victoria, Louisana
19. Occupation
Nature of industry House wife

20. Number of children of this mother 1
(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 0
(c) Stillborn 0

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 (Born alive or stillborn.) at 10:05 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 evidence of life after birth.

Signature C Wadams (Physician or midwife)
Address Box 636, Globe, Ariz

Given name added from a supplemental report
Month, day, year
Filed 3/10, 1928 L. E. Wyhlmer
Registrar
Local Registrar.
Filed, 19
County Registrar.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

385-210-395