ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184

County Registrar No.

Local Registrar No. 33

PLACE OF BIRTH

1. County of Gila

District of

Town of

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 Clyde Vernon Shutz

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

3. Sex of Child: M.

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 Feb. 23 1928 (Month day year)

8. FATHER

Full name Clyde Shutz

9. Residence (Usual place of abode) Globe

If nonresident, give place and state

10. Color or race W.

11. Age at last birthday 23 (Years)

12. Birthplace (city or place)

(State or country) Arizona

13. Occupation Truck Driver.

Nature of industry

14. MOTHER

Full maiden name Marie Richardson

15. Residence (Usual place of abode) Globe

If nonresident, give place and state

16. Color or race W.

17. Age at last birthday 19 (Years)

18. Birthplace (city or place)

(State or country) N. M.

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 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 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 R D Kennedy (Physician or midwife)

Address

Given name added from a supplemental report

Month, day, year.

Filed 3/10, 1928 E. E. [illegible] Local Registrar.

Registrar.

Filed ....., 19.... County Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE REPORT must be made for each in order of birth stated.

325-223-4195