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 BIRTH

State Index No. 198

County Registrar No.

Local Registrar No. 38

No. St. Ward

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

2. Full name of child Clarence Henry Hill. } 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 5

6. Legitimate? Yes.

7. Date of birth Feb. 26. 1928 (Month day year)

FATHER

8. Full name Thomas Dewitt Hill.

9. Residence (Usual place of abode) Globe

If nonresident, give place and state

10. Color or race Wh.

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Albany

(State or country) Tex.

13. Occupation Carpenter

Nature of industry

MOTHER

14. Full maiden name Georgia Finney.

15. Residence (Usual place of abode) Globe.

If nonresident, give place and state

16. Color or race Wh.

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Battiesville

(State or country) Okla.

19. Occupation Housewife.

Nature of industry

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 4

(b) Born alive but now dead 1

(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 (Born alive or stillborn.) at 9:30 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 evidences of life after birth.

Signature G. Gunter (Physician or midwife)

Address Globe Ariz.

Given name added from a supplemental report ..... Filed 4/14, 1928 L. E. Wightman Local Registrar.

Month, day, year.

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

383-226-728

in order of birth stated.