

## PLACE OF BIRTH

1. County of Esila

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

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

or \_\_\_\_\_

City of Globe

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 117

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

Local Registrar No. 47No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Georgianne Creamer } If child is not yet named, make  
supplemental report, as directed.

3. Sex of Child

FemaleTo be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other.....

5. No., in order of birth.....

6. Legitimate?

Yes7. Date  
of birth3-8-1928  
Month day year

8. FATHER

Full name William W. Creamer9. Residence  
(Usual place of abode)Globe,  
Ariz.

If nonresident, give place and state

10. Color or race

White11. Age at last birthday 28 (Years)

12. Birthplace (city or place)

(State or country)

Crittendon Co.  
Ken.

13. Occupation

Nature of industry

Machinist

14. MOTHER

Full maiden name

Marie Houseman

15. Residence

(Usual place of abode)

Globe,  
Ariz.

If nonresident, give place and state

16. Color or race

White17. Age at last birthday 28 (Years)

18. Birthplace (city or place)

(State or country)

Grand Rapids  
Mich.

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 1  
(b) Born alive but now dead 0  
(c) Stillborn 021. Were precautions taken against oph-  
thalmia neonatorum?Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 P.  
(Born alive or stillborn.) 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.Given name added from  
supplemental report

Signature

T. C. Harper

(Physician or midwife)

Address

Globe, ArizonaFiled 4/41928H. J. Lightman  
Local Registrar.

Month, day, year.

Registrar.

Filed

19

County Registrar.

739-308-485