SUPPLEMENT ATTACHED

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. 155

County Registrar No.

Local Registrar No. 54

No. St. Ward

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

2. Full name of child Rosemary Saunders (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 3-21-1928 (Month day year)

FATHER

8. Full name Leonard Earl Saunders

9. Residence (Usual place of abode) Globe, Ariz.

If nonresident, give place and state

10. Color or race White

11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Brady Co. (State or country) Texas

13. Occupation Rancher

Nature of industry

MOTHER

14. Full maiden name Frances Margaret Cox

15. Residence (Usual place of abode) Globe

If nonresident, give place and state Arizona

16. Color or race White

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Safford (State or country) Ariz.

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 2

(b) Born alive but now dead 1

(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 at 11:10 A. 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 T. C. Harper (Physician or ~~midwife~~)

Address Globe Ariz.

Given name added from a supplemental report

Month, day, year.

Filed 4/4, 1928 S. E. Whitman Local Registrar.

Registrar.

Filed 19 County Registrar.

122-321-943