

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Globe
 Town of Globe
 or
 City of Globe

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130
 County Registrar No. _____
 Local Registrar No. 65

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Shirley Mae Edmonson { 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 _____ 6. Legitimate? yes 7. Date of birth 4-12-28
 Month Day Year

8. FATHER
 Full name Lloyd Cecil Edmonson
 9. Residence (Usual place of abode) Globe, Ariz
 If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) El Paso, Texas
 (State or country)
 13. Occupation
 Nature of industry Clerk

14. MOTHER
 Full maiden name Viola Velma Edmonson
 15. Residence (Usual place of abode) Globe, Ariz
 If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 21 (Years)
 18. Birthplace (city or place) Globe, Ariz
 (State or country)
 19. Occupation
 Nature of industry House wife

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 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 at 5:00 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 evidence of life after birth.

Signature C. W. Adams (Physician or midwife)
 Address Box 636, Globe, Ariz

Given name added from a supplemental report _____ Filed 5/10 19 28 L. E. Wightman Local Registrar.
 Month, day, year

Filed _____ 19 _____ County Registrar.

Registrar

County Registrar.

255-212-555