

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of GlobeDistrict of Globe

Town of _____

or

City of Globe

BUREAU OF VITAL STATISTICS

State Index No. 121

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. 78No. 368 Cypress St. _____ Ward _____

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

2. Full name of child Rosemary Stevens { 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 May 6, 1928 Month Day Year8. FATHER Full name Arthur Edward Stevens9. Residence (Usual place of abode) GlobeIf non-resident, give place and state. Ariz10. Color or race White 11. Age at last birthday 40 (Years)12. Birthplace (city or place) Escondido
(State or country) California13. Occupation Miner
Nature of industry14. MOTHER Full maiden name Lotta Stocks15. Residence (Usual place of abode) GlobeIf non-resident, give place and state. Arizona16. Color or race White 17. Age at last birthday 36 (Years)18. Birthplace (city or place) Columbia
(State or country) Arkansas19. Occupation Housewife
Nature of industry20. 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 3 (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 11:30 P 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 Paul J. Smith (Physician or midwife) Address Globe ArizonaGiven name added from a supplemental report _____ Filed 6/8 1928 G. E. Wyckoff Local Registrar.

Registrar _____

Filed _____, 19____

County Registrar.

922-506-322