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. 143

County Registrar No.

Local Registrar No. 80

No. St. Ward

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

2. Full name of child Arthur Edward Ferguson } 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: 2

5. No., in order of birth: 4

6. Legitimate? yes

7. Date of birth: May (Month) 13 (day) 1928 (year)

FATHER

8. Full name: Thomas Andrew Ferguson

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): Tucson, (State or country) Arizona

13. Occupation: Painter

Nature of industry

MOTHER

14. Full maiden name: Lou Bracamonte

15. Residence (Usual place of abode): Globe, Ariz.

If nonresident, give place and state

16. Color or race: Mexican

17. Age at last birthday: 31 (Years)

18. Birthplace (city or place): Phoenix, (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: Six

(b) Born alive but now dead: none

(c) Stillborn: none

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 8:20 p.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: T. C. Harper (Physician ~~or midwife~~)

Address: Globe, Ariz.

Given name added from a supplemental report ..... Month, day, year.

Filed 6/6, 1928 E. E. Williams Local Registrar.

Registrar.

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

165-513-325