

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Globe

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171

County Registrar No. _____

Local Registrar No. 89

2. Full name of child

Charles Edward BryantNo. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

BoyTo be answered ONLY
in event of plural
births.4. Twin, triplet or other and

6. Legitimate?

5. No., in order of birth _____

7. Date

of birth May 24

Month Day Year

28

8.

FATHER

Full name

Jude H. Bryant

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe

10. Color or race

Colored11. Age at last birthday 53 (Years)

12. Birthplace (city or place)

(State or country)

Hot Springs
Arkansas

13. Occupation

Nature of industry

Cook

14.

MOTHER

Full maiden name

Julia H. Bryant

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe

16. Color or race

Colored17. Age at last birthday 40 (Years)

18. Birthplace (city or place)

(State or country)

San Antonio
Texas

19. Occupation

Nature of industry

Mid Wife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.) 2(a) Born alive and now living yes

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against oph-
thalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 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 evidence of life after birth.

Signature

Rebecca Clark

(Physician or midwife)

Address

South Broad High WayGiven name added from
a supplemental report

Month, day, year

Filed 8/181928G. E. Wightman

Local Registrar.

Registrar

Filed _____

19 _____

County Registrar.

37-524-123