

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 172
 Registered No. 154

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Frances Marion Gifford If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

Female

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes.

7. Date of birth

Aug. 30, 1922
 Month Day Year

8. Full name

FATHER

Arthur Seymour Gifford

9. Residence

(Usual place of abode)

Globe,

If non-resident, give place and state.

Ariz.

10. Color or race

White

11. Age at last birthday 50 (Years)

12. Birthplace (city or place)

(State or country)

Falmouth, Mass.

13. Occupation

Nature of industry

Carpenter

14. Full maiden name

MOTHER

Bilpah Susan Corn

15. Residence

(Usual place of abode)

Globe,

If non-resident, give place and state.

Ariz.

16. Color or race

White

17. Age at last birthday 42 (Years)

18. Birthplace (city or place)

(State or country)

Carlsbad, New Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

8

(a) Born alive and now living 8

(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 9:40 A.M. on the date above stated
 (Born alive or stillborn.)

Signature

J. C. Harper

(Physician or midwife)

Address

Globe, Ariz.

Filed 9/13

1922

L. E. Wightman

Registrar

* 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.

Given name added from a supplemental report

Month, day, year

Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated. N. B.—

671-130-735