ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 119

County Registrar No.

Local Registrar No. 175

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of 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 Elizabeth Anne Griffin } 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 Oct. 2, 1928 (Month day year)

8. FATHER

Full name Thomas Culpepper Griffin

9. Residence (Usual place of abode) Globe, Arizona

If nonresident, give place and state

10. Color or race white

11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Rome

(State or country) Georgia

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Gertrude Pennington

15. Residence (Usual place of abode) Globe, Arizona

If nonresident, give place and state

16. Color or race white

17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Halsey

(State or country) Oregon

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.)

(a) Born alive and now living five

(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 at 9:30 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 evidences of life after birth.

Signature T. C. Harper (Physician ~~or midwife~~)

Address Globe, Arizona

Given name added from a supplemental report

Month, day, year.

Filed 11/8, 1928 G. E. Wyhlmeinke Local Registrar.

Registrar.

Filed , 19

County Registrar.

575-1002-775

N. B.—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.