

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 177  
Registered No. 221

1. PLACE OF BIRTH

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

2. Full name of child Patrick Joseph O'Keefe { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male 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 Nov. 17, 1928  
Month Day Year

8. FATHER  
Full name Thomas John O'Keefe

14. MOTHER  
Full maiden name Shelma Josephine Donnelly

9. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 26 (Years)

16. Color or race White

17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Big Springs, Texas  
(State or country)

18. Birthplace (city or place) Dennison, Texas  
(State or country)

13. Occupation  
Nature of industry Machinist

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother One  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living One  
(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 8 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 evidence of life after birth.

Signature J. C. Harper  
physician (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address Globe, Arizona

Registrar \_\_\_\_\_

Filed 12/10, 1928 G. E. Wightman, Jr.  
Registrar

765-1117-348