

PLACE OF BIRTH

1. County of Gila
 District of Globe
 Town of Globe
 or
 City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 168

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. 176No. 147-Pine st St. _____ Ward _____

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

2. Full name of child Corine Ella Ferguson 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 Sept 22-1929
 Month day year

8. FATHER
 Full name Thomas A. Ferguson
 9. Residence (Usual place of abode) Globe Arizona
 If nonresident, give place and state

14. MOTHER
 Full maiden name Lou Breccamonte
 15. Residence (Usual place of abode) Globe Ariz.
 If nonresident, give place and state

10. Color or race White
 11. Age at last birthday 34 (Years)

16. Color or race White
 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Tucson Arizona
 (State or country)

18. Birthplace (city or place) Phoenix Arizona
 (State or country)

13. Occupation
 Nature of industry Painter

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living. 7
 (b) Born alive but now dead. 0
 (c) Stillborn. 0
 (Taken as of time of birth of child hereon certified and including this child.) 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 12:20 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 evidences of life after birth.
 Signature G. E. Wightman, MD
 Address Globe Arizona
 (Physician or midwife)

Given name added from a supplemental report _____ Filed 10/7 1929 G. E. Wightman, MD
 Month, day, year. Local Registrar.

Registrar.

Filed _____

19 _____

County Registrar.

365-927-325