

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Apache  
 District of \_\_\_\_\_  
 Town of Cooley  
 or \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 2a  
 Co. Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Goldie Marie Adair 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 Feb 5th 1923 (Month, day, year)

**FATHER**  
 Full name Clements David Adair  
 9. Residence (Usual place of abode) Cooley Ariz  
 If nonresident, give place and State  
 10. Color or race White  
 11. Age at last birthday 23 (Years)  
 12. Birthplace (city or place) Pine Top  
 (State or country) Arizona  
 13. Occupation Rancher  
 Nature of Industry

**MOTHER**  
 Full maiden name Violet Helen Packer  
 15. Residence (Usual place of abode) Cooley Ariz  
 If nonresident, give place and State  
 16. Color or race White  
 17. Age at last birthday 20 (Years)  
 18. Birthplace (city or place) Pine Top  
 (State or country) Arizona  
 19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 14.5 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 H. D. Nichols, M.D.  
 (Physician or midwife)  
 Address Cooley, Arizona

Given name added from a supplemental report (Month, day, year)  
719-205-519

Filed 9/4, 1925 Local Registrar.  
 Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.