

1912

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

State File No. _____
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child John Gregorius Letcher
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? Legitimate 7. Date of birth June 18th 1897
Month Day Year

8. FATHER
Full name Thomas Letcher

14. MOTHER
Full maiden name Mary Gregorius

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

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

10. Color or race English

16. Color or race _____

11. Age at last birthday 39 (Years)

17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Salisbury Cornwall
(State or country) England

18. Birthplace (city or place) Redruth Cornwall
(State or country) England

13. Occupation Mining
Nature of industry _____

19. Occupation _____
Nature of industry _____

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

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 Globe 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 Mary Letcher (Mother)

Given name added from a supplemental report _____
Month, day, year _____

Address 104 Spencer Bridge Road Northampton
England
(Physician or midwife).

Registrar _____

Filed _____, 19____ Registrar _____

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.