

2620

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

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

1. County of Gila State Index No. _____
District of _____ County Registrar No. _____
Town of _____ Local Registrar No. 95
or Globe
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 Albertine Alma Grasse } 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 _____ 6. Legitimate? Yes } 7. Date of birth Sept 1, 1907
5. No., in order of birth _____ Month day year

8. FATHER Full name <u>Leo Grasse</u>		14. MOTHER Full maiden name <u>Ida M. P. Runner</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe, Ariz</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Luling Texas</u> (State or country)		18. Birthplace (city or place) <u>Daytonville Texas</u> (State or country)	
13. Occupation <u>Farmer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

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 4
(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 1:00 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.
Given name added from _____
a supplemental report _____ Month, day, year.

Signature Ida M. P. Grasse (Physician or midwife)
Address Globe Ariz - now Hayden Ariz
Filed May 21, 1906 W. W. Hunt Local Registrar.
County Registrar.