1189

ARIZONA TERRITORIAL BOARD OF HEALT.

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH.

Ter. Index No. 32 ~~14~~

408

Register No. 7

PLACE OF BIRTH

County of Gila

District of

Town of

or

City of Globe

(No. St.; Ward)

FULL NAME OF CHILD Terrell D. Thompson { Born Alive } Yes ~~No~~

If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			1	yes	6 9 1909

FATHER		MOTHER	
Full Name	Terrell D. Thompson	Full Maiden Name	Oman Chester Thompson
Residence	Globe 118 Railroad St.	Residence	Globe
Color or Race	White	Color or Race	White
Age at last Birthday	Twenty (Years)	Age at last Birthday	18 (Years)
Birthplace	[illegible]	Birthplace	Arizona
Occupation	Road Mach. Bldg.	Occupation	Housewife

Number of child of this mother 1 | Number of children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 6/9, 1909, at 4:00 A.M.

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) [illegible]
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report June 20 1909 Filed June 9 1909 Address [illegible]

B. G. Fox M.D.
LOCAL REGISTRAR.

B. G. Fox M.D.
COUNTY REGISTRAR.

Filed June 9 1909 B. G. Fox M.D.
COUNTY REGISTRAR.

N. B.—In case of [illegible] than one child at a birth, a SEPARATE RETURN must be made for each, and the number [illegible] in order of birth, [illegible]. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.