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N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH
County of Globe
District of _____
Town of _____
or
City of Globe (No. S. Broad St.; _____ Ward)
Register No. 415 11

FULL NAME OF CHILD John Ward Born Yes / Alive No

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

Sex of Child	<u>Male</u>	Twin, Triplet or other		Number in order of birth		Legitimate?	<u>Yes</u>	Date of Birth	<u>June 24</u> 19 <u>09</u>
								(Month) (Day) (Year)	
FATHER					MOTHER				
Full Name	<u>Harry Ward</u>				Full Maiden Name	<u>Maria Jesus Miranda</u>			
Residence	<u>S. Broad St.</u>				Residence	<u>S. Broad St.</u>			
Color or Race	<u>Mexican</u>	Age at last Birthday	<u>34</u>	(Years)	Color or Race	<u>Met.</u>	Age at last Birthday	<u>29</u>	(Years)
Birthplace	<u>Florence Ariz.</u>				Birthplace	<u>Arizpe Son. Mexico</u>			
Occupation	<u>Livingman</u>				Occupation	<u>Housewife</u>			
Number of child of this mother.		<u>2</u>		Number of children, of this mother, now living.		<u>2</u>		Were precautions taken against Ophthalmia neonatorum?	
								<u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 24, 1909, at 9 PM
(Signature) C. J. Sturgeon (Attending physician, midwife, householder. *)

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.
Given or christian name added from a supplemental report _____ 19____ Filed _____ 19____ Address Globe
LOCAL REGISTRAR.
_____ 19____ B. G. Gorman
COUNTY REGISTRAR.

Registrar. Filed July 1, 1909
W. P. Balloum Registrar.
John of Globe