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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. This certificate must be filed by the attending Physician or Midwife with the Local registrar within 5 days after birth.

PLACE OF BI[redacted] TERRITORIAL BOARD OF HEALT

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH. Ter. Index No. 64

County of Gila

District of

Town of

or City of Globe (No. St.; Ward)

Register No. 27

FULL NAME OF CHILD Ruby Manuel

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)
F			yes	July 11 1909

FATHER		MOTHER	
Full Name	Emil Manuel	Full Maiden Name	Carrie Smith Manuel
Residence	Globe	Residence	Globe
Color or Race	W	Color or Race	W
Age at last Birthday (Years)	26	Age at last Birthday (Years)	21
Birthplace	Ariz	Birthplace	Kan
Occupation	Miner	Occupation	Housemaid

Number of child of this mother 3 | Number of children, of this mother, now living 2 | 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 July 11, 1909, at M

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

(Signature) R D Kennedy

(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 19

Filed July 13 1909 Address Globe Ariz

B G Lot M.D.

LOCAL REGISTRAR.

943-711-343

COUNTY REGISTRAR.

Filed Aug 2 1909 B G Lot M.D.

COUNTY REGISTRAR.