

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.

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS.

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County of Globe District of **CERTIFICATE AMENDED** Register No. 43  
 Town of Globe or City of Globe (No. SEE NOTATION) St.;        Ward)

FULL NAME OF CHILD Delma Luella Crunk Born  Alive

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

Sex of Child <u>F</u>	Twin, Triplet or other <u>      </u>	and	Number in order of birth <u>1</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Aug 4</u> 19 <u>09</u>
FATHER			MOTHER		
Full Name <u>Chas R Crunk</u>			Full Maiden Name <u>Ada Bell</u>		
Residence <u>Globe</u>			Residence <u>      </u>		
Color or Race <u>White</u>	Age at last Birthday <u>22</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>18</u> (Years)	
Birthplace <u>Mo</u>			Birthplace <u>Kan</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		

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

Given name of child changed per att. of reg. & child's birth cert. 7-30-7345.  
**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

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

(Signature) R. J. Kennedy (Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report        19        Filed Aug 6 1909 Address Globe Ariz

COUNTY REGISTRAR. B. G. Joyner LOCAL REGISTRAR. B. G. Joyner COUNTY REGISTRAR.

32-804-123