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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 registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH
County of Gila
District of _____
Town of Globe, Ariz
or _____
City of _____

CERTIFICATE OF BIRTH. 94
Tol. Index No. ~~355~~
Register No. 55
St.; _____ Ward)

FULL NAME OF CHILD Helou Lucile Williams (No. _____) Born Yes
Alive No

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

Sex of Child <u>M</u>	T. n. Triplet or other _____	and Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>Aug 21</u> 19 <u>09</u> (Month) (Day) (Year)
Full Name <u>David Carl Williams</u> FATHER		Full Name <u>Mary Ella Spira</u> MOTHER		
Residence <u>Globe Ariz</u>		Residence <u>Globe Ariz</u>		
Color or Race <u>W</u>	Age at last Birthday <u>36</u> (Years)	Color or Race <u>W</u>	Age at last Birthday <u>36</u> (Years)	
Birthplace <u>Dorra</u>	Occupation <u>Minister</u>	Birthplace <u>Dorra</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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 21, 1909, at 2 P M

*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____

(Signature) M. A. Holt
(Attending physician, midwife, householder, *)

Address Globe Ariz
B. G. Farrell

Filed Aug 26 1909 LOCAL REGISTRAR.
Filed Sept 1 1909 COUNTY REGISTRAR.
B. G. Farrell
862-721-422