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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 BIRTH

County of Gila

District of

Town of or City of Globe

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH.

Ter. Index No. 102

Register No. 57

(No. St.; Ward)

FULL NAME OF CHILD William Howard Oates

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

Born Alive Yes No

Sex of Child M | Twin, Triplet or other ✓ and Number in order of birth ✓ | Legitimate? Yes | Date of Birth Aug. 29 (Month) (Day) 1909 (Year)

FATHER		MOTHER	
Full Name	Wm P Oates	Full Maiden Name	Edith Wells
Residence	Globe Devineaux St	Residence	Same
Color or Race	W	Color or Race	W
Age at last Birthday	29 (Years)	Age at last Birthday	29 (Years)
Birthplace	England	Birthplace	England
Occupation	Miner	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 Aug. 29, 1909, at 6 a M

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

(Signature) C. T. Sturgeon
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report Sept 10 1909 Filed Sept 1 1909

Address B. G. Fox MW
LOCAL REGISTRAR.

B. G. Fox MW
COUNTY REGISTRAR.

Filed Sept 1 1909

B. G. Fox MW
COUNTY REGISTRAR.

662-829-562