770

Write Plainly, with Unfading Ink.—This is a Permanent Record.

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.

CERTIFICATE OF BIRTH. Ter. Index No. 72

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

Register No. 74

(No. St.; Ward)

FULL NAME OF CHILD Been Alive Yes

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

Sex of Child: Male	Twin, Triplet or other and Number in order of birth: 5	Legitimate? Yes	Date of Birth: Sept (Month) 6 (Day) 1909 (Year)

FATHER	MOTHER
Full Name: Charles Johnson	Full Maiden Name: Josefa Gallego
Residence: Globe	Residence:
Color or Race: Mex — Age at last Birthday: 42 (Years)	Color or Race: Mex — Age at last Birthday: 30 (Years)
Birthplace: Cal	Birthplace: Arizona
Occupation: Driver	Occupation: Housewife

Number of child of this mother: 5 | Number of children, of this mother, now living: 4 | 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 Sep 6, 1909, at 1 AM

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

(Signature) [signature]
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 19

Filed Sept 10 1909

Address Globe Ariz

B. G. Fox MD
LOCAL REGISTRAR.

Filed Oct 1 1909

B. G. Fox M.D.
COUNTY REGISTRAR.

COUNTY REGISTRAR.

019-906-176