776

Write P[illegible]y, 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. Tert Index No. 77

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

Register No. 76

(No. Bone St. St.; Ward)

FULL NAME OF CHILD ..... 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
Female			yes	Sept (Month) 14 (Day) 1909 (Year)

FATHER		MOTHER	
Full Name	Leo Ranales	Full Maiden Name	Rita Barrion
Residence	Globe	Residence	Globe
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	21 (Years)	Age at last Birthday	15 (Years)
Birthplace	Mexico	Birthplace	Globe Ariz
Occupation	Labor	Occupation	Housewife

Number of child of this mother ..... 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 Sept 14, 1909, at 7 P M

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

(Signature) G. E. Wightman (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 19.....

Filed Sept 18" 1909

Address Globe Ariz

B. G. Fox M.D. LOCAL REGISTRAR.

Filed Oct 1 1909

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

COUNTY REGISTRAR.

092 - 914 - 925