781

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH.

Ter. Index No. 81

Register No. 80

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

(No. ..... St.; ..... Ward)

FULL NAME OF CHILD Lester Melvine Hampton — Born Alive Yes ~~No~~

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 ✓ | Legitimate? Yes | Date of Birth Sept. (Month) 18 (Day) 1909 (Year)

FATHER		MOTHER	
Full Name	George Hampton	Full Maiden Name	Olive Webber
Residence	Squaw Hill	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	32 (Years)	Age at last Birthday	25 (Years)
Birthplace	England	Birthplace	England
Occupation	Miner	Occupation	Housewife

Number of child of this mother 3 | Number of children, of this mother, now living 3 | 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 18, 1909, at 99 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 ..... 19.....

Filed Sept 22 1909

Address Globe

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

Filed Oct 1st 1909

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

COUNTY REGISTRAR.

285-918-669

Write Pr[illegible]y, with Unfading Ink.—This is a Perman[illegible] 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.