1160

Write Pl[illegible], with Unfading Ink.—This is a Perma[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.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH. *Ter. Index No.* 92

Register No. 89

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

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

FULL NAME OF CHILD ✓

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

Born Alive ~~Yes~~ ~~No~~

Sex of Child F. | Twin, Triplet or other Twin and Number in order of birth | Legitimate? Yes | Date of Birth Oct (Month) 11 (Day) 1909 (Year)

FATHER		MOTHER	
Full Name	Clarence George McInroy	Full Maiden Name	Martha Marion Wilson
Residence	541 Monroe St	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	30 (Years)	Age at last Birthday	28 (Years)
Birthplace	Wellsburg Penn	Birthplace	Same
Occupation	Solicitor	Occupation	Housewife

Number of child of this mother 6 | Number of children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 11, 1909, at 1 30 P 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 Oct 16 1909

Address Globe

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

048-1011-465
COUNTY REGISTRAR.

Filed Nov 1 1909

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