

THE FIG. 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. 96

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Globe
 or _____
 City of _____

Register No. 93
St.; _____ Ward)

FULL NAME OF CHILD X Vasquez (No. _____)

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

Sex of Child <u>M</u>	Twin, Triplet or other _____	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Oct 13</u> 19 <u>09</u> (Month) (Day) (Year)
FATHER Full Name <u>Joseph Vasquez</u> Residence <u>Globe A.T.</u> Color or Race <u>Mexican</u> Age at last Birthday <u>37</u> (Years) Birthplace <u>U.S.</u> Occupation <u>Freighter</u>		MOTHER Full Maiden Name <u>Matilda Vasquez</u> Residence <u>Globe A.T.</u> Color or Race <u>Mexican</u> Age at last Birthday <u>33</u> (Years) Birthplace <u>U.S.</u> Occupation <u>Housewife</u>		

Number of child of this mother 6 Number of children, of this mother, now living 6 Were precautions taken against Ophthalmia neonatorum? 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 13, 1909, at 9 P M

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

(Signature) A. F. Maish, M.D.
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed Oct 20 1909 Address Globe
052-1013-452 COUNTY REGISTRAR. Filed Nov 1 1909 B. G. Gray, M.D. LOCAL REGISTRAR.
 COUNTY REGISTRAR.