1174

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH. *Ter. Index No.* 102

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

Register No. 99

(No. St.; Ward)

FULL NAME OF CHILD Barbara Moses Halby — Born Alive Yes ~~No~~

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

Sex of Child Female | ~~Twin, Triplet~~ or other and Number in order of birth 1 | Legitimate? Yes | Date of Birth Oct (Month) 16 (Day) 1909 (Year)

FATHER	MOTHER
Full Name: Steve Halby	Full Maiden Name: Josie Moses
Residence: Globe Ariz.	Residence: Globe Ariz.
Color or Race: Serian — Age at last Birthday 27 (Years)	Color or Race: Serian — Age at last Birthday 20 (Years)
Birthplace: Seria (Syria)	Birthplace: Seria
Occupation: Merchant	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 Oct 16, 1909, at 9:59 M

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

(Signature) J. L. Wales

(Attending physician, ~~midwife, householder.~~ *)

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

Filed Oct 21 1909

Address Globe

B. G. Fox M.D.

LOCAL REGISTRAR.

288-1016-142

COUNTY REGISTRAR.

Filed Nov 1 1909

B. G. Fox M.D.

COUNTY REGISTRAR.

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

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.