

1229

Record.

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local reg. 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH. Ter. Index No. 84

PLACE OF BIRTH
County of Globe
District of _____
Town of _____
or City of Globe (No. _____) Register No. 133
St.; _____ Ward)

FULL NAME OF CHILD Ca Stoddard (No. _____) Born Yes
If child is not named, make supplemental report on blank obtainable from local registrar. Alive No

Sex of Child <u>M</u>	Twin, Triplet or other _____	and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Dec 13</u> 19 <u>09</u> (Month) (Day) (Year)
FATHER Full Name <u>A C Stoddard</u> Residence <u>Col</u> Color or Race <u>White</u> Age at last Birthday <u>30</u> (Years) Birthplace <u>Col</u> Occupation <u>Engineer</u>		MOTHER Full Maiden Name <u>Katherine Stoddard</u> Residence <u>Globe</u> Color or Race <u>White</u> Age at last Birthday <u>30</u> (Years) Birthplace <u>Eng</u> Occupation <u>Housewife</u>		

Number of child of this mother 1 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 Dec 13, 1909, at 11 A.M.

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

(Signature) R J Fermedy (Attending physician, midwife, householder. *)
Given or christian name added from a supplemental report _____ 19____ Filed Dec 17 1909 Address Globe
124-1217-275 COUNTY REGISTRAR. Filed Jan 1 1910 B. S. Day W. W. D. LOCAL REGISTRAR. COUNTY REGISTRAR.