1890

...y, with Unfading Ink.—This is a Perm... ...t Record.

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

# ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH. Ter. Index No. 85

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

Register No. 154

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

FULL NAME OF CHILD Esperion Simon

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

Born Alive Yes ~~No~~

Sex of Child Male | Twin, Triplet or other ✓ and Number in order of birth ✓ | Legitimate? Yes | Date of Birth Dec. (Month) 14 (Day) 1909 (Year)

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Pedro Simon | Full Maiden Name | Anheleta Simon |
| Residence | N. Broad St | Residence | Same |
| Color or Race | Mex. | Color or Race | Mex. |
| Age at last Birthday | 84 (Years) | Age at last Birthday | 24 (Years) |
| Birthplace | Mexico | Birthplace | Safford, Arizona |
| Occupation | Laborer | Occupation | Housewife |

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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. 14, 1909, at 9 A M

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

(Signature) C. J. Sturgeon (Attending physician, midwife, householder. *)

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

Filed Dec 16 1909

Address Globe

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

525-1214-125 COUNTY REGISTRAR.

Filed Jan 1 1910

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