1894

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH. *Ter. Index No.* 88

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

Register No. 136

(No. St.; Ward)

FULL NAME OF CHILD Josephine Harrison — Born ~~Alive~~ Yes ~~No~~

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

Sex of Child	Twin, Triplet or other	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		1st	yes	Dec 16 1909

FATHER		MOTHER	
Full Name	T H Harrison	Full Maiden Name	Josephine Harrison
Residence	Globe	Residence	Globe
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	25	Age at last Birthday (Years)	21
Birthplace	Kansas	Birthplace	Kan
Occupation	Stage driver	Occupation	Housewife

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 16, 1909, at 10 A.M.

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

(Signature) R D Kennedy
(Attending physician, midwife, householder. *)

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

Filed Dec 17 1909

Address Globe

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

Filed Jan 1 1910

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

185-1216-185

COUNTY REGISTRAR.

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 birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local reg. 5 days after birth.

This is a Permanent Record.