

2240

Write plainly, with Unfading Ink.—This is a Permanent Record.

M. 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.

**ORIGINAL CERTIFICATE OF BIRTH.** Ter. Index No. 76

PLACE OF BIRTH  
County of Sinaloa  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
City of Globe (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Beryl Knusschield Born  Yes  
Alive

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

Sex of Child <u>Female</u>	Twin, Triplet or other _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jan 4</u> 19 <u>10</u> (Month) (Day) (Year)
FATHER Full Name <u>Frank Knusschield</u>		MOTHER Full Name <u>Julia Cruz</u>		
Residence <u>Globe</u>		Residence <u>Globe</u>		
Color or Race <u>White</u>	Age at last Birthday <u>31</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>24</u> (Years)	
Birthplace <u>Ill.</u>		Birthplace <u>W. Va</u>		
Occupation <u>Butcher</u>		Occupation <u>Housewife</u>		

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 Jan 4, 1910, at 11 P M

(Signature) H. E. Ryburn  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_ Filed Jan 11 1910 Address Globe

\*When there is no attending physician or midwife, then the householder must make this return.

- TRUE COPY -

COUNTY REGISTRAR. B. G. J. W. W. LOCAL REGISTRAR. B. G. J. W. W. COUNTY REGISTRAR.

ARIZONA TERRITORIAL BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
Received at PHOENIX  
FEB 11 1910