2242

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 78

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

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

Register No. 163

FULL NAME OF CHILD Maxwell Murphy

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

Sex of Child Male | Twin, Triplet or other ✓ and Number in order of birth ✓ | Legitimate? Yes | Date of Birth Jan. (Month) 11 (Day) 1910 (Year) | Born Alive Yes ~~No~~

FATHER		MOTHER	
Full Name	Valesco C. Murphy	Full Maiden Name	Nell Maxwell
Residence	521 East So.	Residence	Dame
Color or Race	White	Color or Race	White
Age at last Birthday	29 (Years)	Age at last Birthday	22 (Years)
Birthplace	McComa Illinois	Birthplace	Bandensville Ill.
Occupation	Clerk — office	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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Jan. 11, 1910, at 4 30 P M

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

(Signature) C. T. Stringleon

(Attending physician, midwife, householder. *)

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

Filed June 16 1910

Address Globe

~~A TRUE COPY.~~

B. G. Fox M.D.

LOCAL REGISTRAR.

448-111-543

COUNTY REGISTRAR.

Filed Feb 1 1910

B. G. Fox M.D.

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, 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.

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