2250

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

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 o 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. 84

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

Register No. 178

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

FULL NAME OF CHILD Katherine Elizabeth Fyhr

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

Born Alive Yes No

Sex of Child Female | Twin, Triplet or other X | and | Number in order of birth X | Legitimate? yes | Date of Birth Jan 24 (Month) (Day) 1910 (Year)

FATHER	MOTHER
Full Name: Ben E. Fyhr	Full Maiden Name: Anna McDonald
Residence: Copper Hill	Residence: Copper Hill
Color or Race: White	Color or Race: White
Age at last Birthday: 38 (Years)	Age at last Birthday: 35 (Years)
Birthplace: Penn.	Birthplace: Penn.
Occupation: miner	Occupation: housewife

Number of child of this mother 3 | Number of children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? yes

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at Phoenix 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Jan 24, 1910, at 5 9 M

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

(Signature) E. R. McPheeters M.D.
(Attending physician, midwife, householder. *)

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

Filed Feb 8 1910

Address Globe Arizona

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

~~A TRUE COPY.~~

269-124-144 Filed Feb 8 1910

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

COUNTY REGISTRAR