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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 92

Register No. 173

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

(No. St.; Ward)

FULL NAME OF CHILD John J. Robinson, Jr.

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

Born Alive Yes

Sex of Child M

Twin, Triplet or other — and Number in order of birth —

Legitimate? Yes

Date of Birth Jan (Month) 26 (Day) 1910 (Year)

FATHER

Full Name John J. Robinson

Residence Euclid Ave

Color or Race Black

Age at last Birthday 26 yrs (Years)

Birthplace Texas

Occupation Janitor

MOTHER

Full Maiden Name Alice Cage

Residence Euclid Ave

Color or Race Black

Age at last Birthday 18 yrs (Years)

Birthplace Galveston, Tex

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

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 26, 1910, at 11:30 A.M.

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

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

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

Filed Feb 1 1910

Address Globe

B. G. Fox MD LOCAL REGISTRAR.

~~A TRUE COPY.~~

195-126-135 COUNTY REGISTRAR.

Filed Feb 1 1910

B. G. Fox MD 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 only, with Unfading Ink.—This is a Permanent Record.