

2630

When child is born, a SEPARATE REPORT must be made for each, and the number of each, must be 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. 84

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of _____
 or
 City of Globe (No. _____) Register No. 37 St.; _____ Ward)

FULL NAME OF CHILD Margarett Lesinsky Born Yes
Alive No

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

Sex of Child <u>Girl</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth <input checked="" type="checkbox"/>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 28</u> 19 <u>10</u>
Full Name <u>D. B. Lesinsky</u>	FATHER			Full Maiden Name <u>NOTHER</u>	(Month) (Day) (Year)
Residence <u>Globe</u>	Age at last Birthday <u>26</u> (Years)			Residence <u>Cruz Montoya</u>	
Color or Race <u>White</u>	Birthplace <u>Arizona</u>			Residence <u>Globe</u>	
Occupation <u>Cook</u>	Age at last Birthday <u>24</u> (Years)			Color or Race <u>White</u>	
	Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>	
	Occupation <u>Housewife</u>			Occupation <u>Housewife</u>	

Number of child of this mother 4 Number of children, of this mother, now living _____ Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb 28 1910 at 10 P.M.

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

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

(Signature) A. H. Shaw (Attending physician, midwife, householder.)

Address Globe

Filed Mar 3 1910 B. S. Jarwood LOCAL REGISTRAR.

438-228-341
COUNTY REGISTRAR.

Filed Mar 5 1910 B. S. Jarwood LOCAL REGISTRAR.

A TRUE COPY.
COUNTY REGISTRAR.