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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 85

Register No. ~~50~~ 49

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

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

FULL NAME OF CHILD Thomas George Strother — Born Alive Yes No

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 March 17 1910 (Month) (Day) (Year)

FATHER		MOTHER	
Full Name	George H Strother	Full Maiden Name	Elsie Magdade
Residence	336 North St Nofslger Hill	Residence	Same
Color or Race	White — Age at last Birthday 30 (Years)	Color or Race	White — Age at last Birthday 22 (Years)
Birthplace	N. Carolina, Mt. Gilead	Birthplace	N. Mexico, Silver City
Occupation	Miner	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 APR 12 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on March 17, 1910, at 89 M

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

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

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

Filed Mar 29 1910 — Address B. G. Fox MD LOCAL REGISTRAR.

~~A TRUE COPY.~~

329-317-545 COUNTY REGISTRAR.

Filed April 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.

...nly, with Unfading Ink.—This is a Permanent Record.