

Write only, 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 of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar with 5 days after birth.

PLACE OF BIRTH

County of Gila
District of _____
Town of Estobee
or _____
City of _____

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 87

Register No. 51
St.; _____ Ward)

FULL NAME OF CHILD Pauline Sigmund

If child is not named, make Supplemental report on blank obtainable from local registrar. Born Yes
Alive No

Sex of Child <u>m</u>	<input checked="" type="checkbox"/> Twin, Triplet or other	and (Number in order of birth) <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>Mar 20</u> 19 <u>10</u> (Month) (Day) (Year)
Full Name <u>F M Sigmund</u> FATHER		Full Maiden Name <u>Adelaide Sigmund</u> MOTHER		
Residence <u>Globe</u>		Residence <u>Bone St</u>		
Color or Race <u>W</u>	Age at last Birthday <u>27</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>27</u> (Years)	
Birthplace <u>N. C.</u>		Birthplace <u>Mo</u>		
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>		
Number of child of mother <u>2</u>	Number of children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>		

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
Received at PHOENIX
I APR 12 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I APR certify that I attended the birth of above child; and that it occurred on Mar 20, 1910, at 11:30 A.M.

(Signature) A. S. Kennedy
(Attending physician, midwife, householder, *)
Address Globe
Given or christian name added from a supplemental report _____ 19____
Filed Mar 25 1910
324-320-124
COUNTY REGISTRAR
Filed April 1 1910
LOCAL REGISTRAR
COUNTY REGISTRAR