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Write ... ly, 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 within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL

CERTIFICATE OF BIRTH.

Ter. Index No. 79

Register No. 74

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

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

FULL NAME OF CHILD Stungeon Sanders

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: April (Month) 11 (Day) 1910 (Year)

FATHER

Full Name: R. M. Sanders

Residence: 270 Sutherland St.

Color or Race: White | Age at last Birthday: 25 (Years)

Birthplace:

Occupation: Rancher

MOTHER

Full Maiden Name: Cora Wood

Residence: Same

Color or Race: White | Age at last Birthday: 17 (Years)

Birthplace: Deming N. Mexico

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
PHOENIX
MAY 1 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on April 11, 1910, at 10 M

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

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

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

Filed April 11 1910

Address Box

122-411-364
COUNTY REGISTRAR.

A TRUE COPY.

Filed May 1 1910

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