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Write in Ink, 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.

Place of Birth: Globe
County of: Gila
District of: Globe
Town of: Globe
City of: _____

Register No. _____ St. _____

Full Name of Child: Willson Born 76 Alive 76

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

Sex of Child: <u>Male</u>	Twin, Triplet or other: _____	Number in order of birth: <u>4</u>	Legitimate? <u>Yes</u>	Date of Birth: <u>Apr 29</u> 19 <u>10</u>
Full Name: <u>R.M. Summons</u>	FATHER	Residence: <u>Globe</u>	Full Maiden Name: <u>Vinnie E. Attif</u>	MOTHER
Color or Race: <u>White</u>	Age at last Birthday: <u>37</u> (Years)	Birthplace: <u>Illinois</u>	Color or Race: <u>White</u>	Age at last Birthday: <u>39</u> (Years)
Occupation: <u>Miner</u>	Birthplace: _____	Occupation: <u>Housewife</u>	Birthplace: <u>Missouri</u>	Occupation: _____

Number of child of this mother: 2 Number of children, of this mother, now living: 1 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 Apr 29, 1910 at Globe 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____ Filed May 2 1910 Address Globe

(Signature) W. E. [Signature]
(Attending physician, midwife, householder)

A TRUE COPY.
Filed May 4 1910 B. J. [Signature]

022-429-517
COUNTY REGISTRAR.