567

Supplement Attached

# ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL

CERTIFICATE OF BIRTH. Ter. Index No. 96

Register No. 89

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

(No. St.; Ward)

FULL NAME OF CHILD Jim Greer

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 30 1910 (Month) (Day) (Year)

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Dave Greer | Full Maiden Name | Beatrice Hara |
| Residence | Black Warrior | Residence | Same |
| Color or Race | White | Age at last Birthday | 36 (Years) |
| Birthplace | Texas, Sugar Loaf | Birthplace | Tonto Basin Ariz |
| Occupation | Teamster | Occupation | Housewife |

Number of child of this mother 3 | Number of children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? Yes

TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS PHOENIX MAY 1910

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on April 30, 1910, at 59 M

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

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

Given or christian name added from a supplemental report 19

Filed May 9 1910

Address

A TRUE COPY.

B. G. Fox LOCAL REGISTRAR.

175-430-281 COUNTY REGISTRAR.

Filed May 9 1910

B. G. Fox M.W. COUNTY REGISTRAR

Write Plainly, 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.