

925

Write in blue ink, with Unfading Ink.—This is a Permanent Record.

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.

PLACE OF BIRTH
County of Yuma ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 106 ✓
District of Globe
Town of Globe Register No. 107
City of Globe No. West Royal St. St.; Ward)

FULL NAME OF CHILD Joseph Jacob Morrison Born Yes No

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

Sex of Child <u>M.</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	Number and in order of birth <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 18</u> 19 <u>10</u>
FATHER		MOTHER		
Full Name <u>John Alexander Morrison</u>		Full Maiden Name <u>Louisa Brand</u>		
Residence <u>Globe</u>		Residence <u>Globe</u>		
Color or Race <u>Spanish</u>	Age at last Birthday <u>29 yrs</u> (Years)	Color or Race <u>Sp.</u>	Age at last Birthday <u>19 yrs</u> (Years)	
Birthplace <u>Hamilton Co. Tex</u>	Occupation <u> </u>	Birthplace <u>Thomas, Mex</u>	Occupation <u>Home wife</u>	

Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum

ARIZONA BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
RECEIVED AT PHOENIX
JUN 13 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 18th, 1910, at 4:30 A.M.

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

(Signature) B. J. Scott, M.D.
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 19

Filed May 22 1910 Address Globe

145-518-324
COUNTY REGISTRAR.

A TRUE COPY.
Filed June 1 1910 B. J. Scott, M.D.
COUNTY REGISTRAR.