

1298

Write Fully, 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.

CERTIFICATE OF BIRTH. Ter. Index No. 86

PLACE OF BIRTH
County of Pinal
District of Globe
Town of Globe
or
City of _____ (No. _____ St.; _____ Ward)

Register No. 121

FULL NAME OF CHILD _____
If child is not named, make Supplemental report on blank obtainable from local registrar. Born Yes Alive

Sex of Child <u>M</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 8</u> (Month) (Day) (Year) <u>1910</u>
Full Name FATHER <u>Dominica Charier</u>			Full Maiden Name MOTHER <u>Magala Cherry</u>		
Residence <u>Globe</u>			Residence <u>Globe</u>		
Color or Race <u>Mex</u>		Age at last Birthday <u>30 yr</u> (Years)		Color or Race <u>Mex</u>	
Birthplace <u>Mexico</u>		Age at last Birthday <u>20 yr</u> (Years)			
Occupation <u>Laborer</u>			Occupation <u>House wife</u>		

Number of child of this mother 1 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 June 8, 1910, at Globe

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

Given or christian name added from a supplemental report _____ 19____

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

Address Globe

Filed June 10 1910

Filed July 1 1910

039-608-439 COUNTY REGISTRAR.

LOCAL REGISTRAR.
B. J. Scott
COUNTY REGISTRAR.