1299

Write P[illegible]ly, with Unfading Ink.—This is a Perma[illegible]t 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

ORIGINAL

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH. Ter. Index No. 87

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

Register No. 117

(No. St.; Ward)

FULL NAME OF CHILD Pauline Michaelson

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

Born Alive Yes No

Sex of Child F | Twin, Triplet or other | and Number in order of birth 2 | Legitimate? yes | Date of Birth June 8 1910 (Month) (Day) (Year)

FATHER

Full Name Paul Michaelson

Residence Globe St

Color or Race W | Age at last Birthday 42 (Years)

Birthplace Finland

Occupation Carpenter

MOTHER

Full Maiden Name Ida Oldfield Michaelson

Residence Globe St

Color or Race W | Age at last Birthday 30 (Years)

Birthplace La.

Occupation Housewife

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Rec[illegible] PHOENIX JUL 11 1910

Number of child of this mother 2 | Number of children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? yes

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 3 P.M.

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

(Signature) A D Kennedy

(Attending physician, midwife, householder.*)

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

Filed June 11 1910 Address Globe

A TRUE COPY.

B. G. Fox LOCAL REGISTRAR.

745-608-914 COUNTY REGISTRAR.

Filed July 1 1910 B. G. Fox M.D. COUNTY REGISTRAR