1305

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. The 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. Ter. Index No. 91

Register No. 125

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

(No. St.; Ward)

FULL NAME OF CHILD Margaret Agnes Crowley

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

Born Alive Yes No

| | | | | |
|---|---|---|---|---|
| Sex of Child: Female | Twin, Triplet or other — | and Number in order of birth — | Legitimate? Yes | Date of Birth: June 11 (Month) (Day) 1910 (Year) |

| FATHER | MOTHER |
|---|---|
| Full Name: Jeremiah Crowley | Full Maiden Name: Margaret Cecilia Gaffney |
| Residence: 540 Monroe St | Residence: Same |
| Color or Race: White — Age at last Birthday: 31 (Years) | Color or Race: White — Age at last Birthday: 31 (Years) |
| Birthplace: Dublin, Ireland | Birthplace: Smith Co, Kansas |
| Occupation: Plumber | 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

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX JUL 13 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 11, 1910, at 11 9 M

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

(Signature) C. J. Stungeon (Attending physician, midwife, householder.*)

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

Filed June 14 1910 Address B. G. Fox

~~A TRUE COPY~~ B. G. Fox M.D. LOCAL REGISTRAR.

438-61-478 COUNTY REGISTRAR.

Filed July 1 1910 COUNTY REGISTRAR