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WING PUN, WITH UNISING 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.

PLACE OF BIRTH  
County of Yuma  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Globe

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 97  
Register No. 127  
(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

Sex of Child fi Twin, Triplet or other \_\_\_\_\_ and Number in order of birth 1 Legitimate? yes Date of Birth June 14 1910  
(Month) (Day) (Year)

FATHER  
Full Maiden Name Ernest Lee

MOTHER  
Full Maiden Name Jenett S. Lee

Residence School Hill

Residence School Hill

Color or Race white Age at last Birthday 24 (Years)

Color or Race white Age at last Birthday 21 (Years)

Birthplace \_\_\_\_\_

Birthplace N. M.

Occupation Health Miner

Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? 96

ARIZONA TERRITORIAL  
BUREAU OF VITAL  
STATISTICS  
JUN 18 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on June 14, 1910, at 9 A.M.

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

(Signature) A. J. Fermedy  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 19 \_\_\_\_\_

Filed June 17 1910 Address Globe

835-614-135  
COUNTY REGISTRAR.

A TRUE COPY. Filed July 1 1910 B. S. Gray  
LOCAL REGISTRAR.  
COUNTY REGISTRAR.