1330

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.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 107

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

Register No. 139

(No. 435 Second St St.; Ward)

FULL NAME OF CHILD Karl Gibbs

Born Alive Yes No

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

Sex of Child M	Twin, Triplet or other and Number in order of birth 2	Legitimate? yes	Date of Birth June 29 (Month) (Day) 1910 (Year)

FATHER	MOTHER
Full Name Karl K Gibbs	Full Maiden Name Dolores M. Gibbs
Residence 435 Second St	Residence 435 Second St
Color or Race White Age at last Birthday 26 (Years)	Color or Race W Age at last Birthday 22 (Years)
Birthplace Kan	Birthplace Col
Occupation Clerk	Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 2 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 29, 1910, at 1 9 M

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

(Signature) R D Kennedy
(Attending physician, midwife, householder. *)

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

Filed June 30 1910

Address

B. G. Fox
LOCAL REGISTRAR.

272-629-472
COUNTY REGISTRAR.

Filed July 1st 1910

~~TRUE COPY~~

B. G. Fox W.D.
COUNTY REGISTRAR