9681

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. *Ter. Index No.* 81

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

Register No. 141

(No. ..... St.; ..... Ward)

FULL NAME OF CHILD ..... Born Alive Yes ~~No~~

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

Sex of Child: Male | Twin, Triplet or other ✓ and Number in order of birth ✓ | Legitimate? Yes | Date of Birth: July (Month) 2 (Day) 1910 (Year)

FATHER		MOTHER	
Full Name	James White	Full Maiden Name	Rosy Kuhn
Residence	127 Martin St.	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	31 (Years)	Age at last Birthday	28 (Years)
Birthplace	Sevanon Mo.	Birthplace	Sevanon, Mo.
Occupation	Miner	Occupation	Housewife

Number of child of this mother 4 | 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 AUG 12 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 2, 1910, at 3 P M

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

(Signature) C. T. Sturgeon
(Attending physician, midwife, householder. *)

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

Filed July 6 1910 Address .....

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

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

225-701-782

COUNTY REGISTRAR.

...write ...nly, with Unfading Ink.—This is a Perma... ...nt Record.

...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.