

1701

Write only, with Unfading 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.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. **96**

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

Register No. 152
 No. North Broad (across from Smith)

FULL NAME OF CHILD James Frederick Martin Born Yes
 Alive No

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

Sex of Child <u>M</u>	Twins, Triplet or other	and Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>July 18</u> 19 <u>10</u>
Full Name <u>John Martin</u>	FATHER		Full Maiden Name <u>Lizzy Genslow</u>	MOTHER
Residence <u>Globe - Army</u>	Age at last Birthday <u>48</u> (Years)		Residence <u>Globe</u>	Color or Race <u>W.</u> Age at last Birthday <u>37</u> (Years)
Birthplace <u>Illinois</u>	Occupation <u>laborer</u>		Birthplace <u>Kansas</u>	Occupation <u>House wife</u>

Number of child of this mother 4 Number of children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? yes

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 18, 1910, at 4:00 PM

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

(Signature) B. W. Scott, M.D.
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19__

Filed July 24 1910 Address Globe
B. W. Scott
LOCAL REGISTRAR.

Filed Aug 1 1910 B. W. Scott
COUNTY REGISTRAR.

1485-719-396