1703

Write any, 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 (or 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. 98

Register No. 162

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

St.; Ward)

(No.

FULL NAME OF CHILD Dorothy Johns

Born Alive Yes

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

Sex of Child Female | Twin, Triplet or other ✓ | and Number in order of birth ✓ | Legitimate? Yes | Date of Birth July 21st (Month) (Day) 19 (Year)

FATHER		MOTHER	
Full Name	Richard Johns	Full Maiden Name	Winifred E. Allison
Residence	259 S. East St	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	28 (Years)	Age at last Birthday	24 (Years)
Birthplace	Cornwall Eng.	Birthplace	Globe. Ariz.
Occupation	Miner	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 BOARD OF HEALTH BUREAU OF VITAL STATISTICS AUG 15 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 21, 1910, at 8 A.M

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

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

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

Filed Aug 12 1910 Address B. G. Fox LOCAL REGISTRAR.

~~A TRUE COPY~~

Filed Aug 12 1910 B. G. Fox M.D. COUNTY REGISTRAR

COUNTY REGISTRAR.

1-112-721-615