4709

Write Plainly, 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. 103

Register No. 155

PLACE OF BIRTH

County of Gila

District of

Town of Globe
or
City of

(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? No | Date of Birth 7 (Month) 24 (Day) 1910 (Year)

FATHER

Full Name

Residence

Color or Race | Age at last Birthday (Years)

Birthplace

Occupation

MOTHER

Full Maiden Name Petra Arroyos

Residence Globe

Color or Race Grey | Age at last Birthday 18 (Years)

Birthplace New Mexico

Occupation Ranch

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

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
RECEIVED AT PHOENIX
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 7/24, 1910, at 10 M

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

(Signature) F. E. Wightman
(Attending physician, midwife, householder. *)

Address Globe

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

Filed July 30 1910

B. G. Fox
LOCAL REGISTRAR.

A TRUE COPY.

Filed Aug 1 1910

B. G. Fox
COUNTY REGISTRAR

COUNTY REGISTRAR.

012-726-712