1714

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 birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days aft birth.

PLACE OF BIRTH

County of Gila

District of

Town of

or

City of Globe

# ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 187

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No.

Local Registrar's No. 163

(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 | Twin, Triplet or other | and | Number; in order of birth | Legitimate? | Date of Birth |
|---|---|---|---|---|---|
| Male | one | | 1 | Yes | July (Month) 29 (Day) 1910 (Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | J. G. Highwood | Full Maiden Name | Anna Vaskies |
| Residence | Globe | Residence | Globe |
| Color or Race | White | Color or Race | Mexican |
| Age at last Birthday (Years) | 32 | Age at last Birthday (Years) | 28 |
| Birthplace | Texas | Birthplace | Arizona |
| Occupation | Brakeman on R. R. | Occupation | Housewife |

Number of child of this mother 2 | Number of children, of this mother, now living 1 | Were Precautions taken against Ophthalmia neonatorum? X

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, July 29 1910, at 8 A.M.

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

(Signature) E. R. McPhuten M.D.
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191

Address Globe, Arizona

Filed Aug 11 1910 B. G. Fox
LOCAL REGISTRAR.

Filed Aug 12 1910 B. G. Fox W.W.
COUNTY REGISTRAR.

COUNTY REGISTRAR.