

2092

Write Plain with Unfading Ink.—This is a Permanent Record.

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 3 days after birth.

PLACE OF BIRTH **ARIZONA TERRITORIAL BOARD OF HEALTH**
 County of Gila BUREAU OF VITAL STATISTICS. Ter. Index No. 89
 District of _____ ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 1704
 Town of _____ Local Registrar's No. _____
 or _____
 City of Globe (No. _____ St; _____ Ward)

FULL NAME OF CHILD _____ { Born } YES
 { Alive } NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number; in order of birth _____	Legit- mat? <u>yes</u>	Date of Birth <u>8 1 1910</u> (Month) (Day) (Yr.)
FATHER Full Name <u>Robert Ernest Baynes</u> Residence <u>Globe</u> Color or Race <u>White</u> Age at last Birthday <u>29</u> (Years)			MOTHER Full Maiden Name <u>Laura Sarrick</u> Residence <u>Globe</u> Color or Race <u>White</u> Age at last Birthday <u>30</u> (Years)		
Birthplace <u>Los Angeles</u>			Birthplace <u>Arizona</u>		
Occupation <u>Drain</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>4</u>		Number of children, of this mother, now living <u>3</u>		Were Precautions taken against Ophthalmia neonatorum? <u>2</u>	

SEP 12 1910 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of above child; and that it occurred on, 8/1 1910, at 12 M
 { *When there is no attending physician or midwife, then the householder should make his return. }
 (Signature) S. E. Wightman
 (Attending physician, midwife, householder. *)
 Given or christian name added from a supplemental report _____ 191 _____
 Address Globe
 Filed Aug 5 1910 B. G. Jax LOCAL REGISTRAR.
 Filed Sept 1st 1910 B. G. Jax COUNTY REGISTRAR.

079-801-322
 COUNTY REGISTRAR.