2099

Write ...nly, with Unfading Ink.—This is a Perm...ent 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. 94

Register No. 173

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

(No. ..... St.; ..... Ward)

FULL NAME OF CHILD Virginia Kassar — Born Alive Yes ~~No~~

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

Sex of Child F. | Twin, Triplet or other ✓ and Number in order of birth ✓ | Legitimate? Yes | Date of Birth Aug. 6 1910 (Month) (Day) (Year)

FATHER	MOTHER
Full Name: Bart Kassar	Full Maiden Name: Clara B. Page
Residence: 129 Haskins Road	Residence: Same
Color or Race: White — Age at last Birthday 43 (Years)	Color or Race: White — Age at last Birthday 41 (Years)
Birthplace: Arizona	Birthplace: Sonora, California
Occupation: Miner	Occupation: Housewife

Number of child of this mother 6 | Number of children, of this mother, now living 6 | Were precautions taken against Ophthalmia neonatorum? Yes

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX 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 Aug 6, 1910, at 5 P M

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

(Signature) C. T. Sturgeon
(Attending physician, midwife, householder. *)

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

Filed Aug 12 1910 Address Globe

B. G. Fox
LOCAL REGISTRAR.

~~A TRUE COPY~~

529-806-375
COUNTY REGISTRAR.

Filed Sept 1 1910 B. G. Fox MWD
COUNTY REGISTRAR