E111

Write mainly, 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.

103

Ter. Index No.

Register No. 181

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

(No. St.; Ward)

FULL NAME OF CHILD Still Born

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

Born Alive ~~Yes~~ No

Sex of Child Female | Twin, Triplet or other ✓ | and Number in order of birth ✓ | Legitimate? Yes | Date of Birth Aug (Month) 11 (Day) 1910 (Year)

FATHER	MOTHER
Full Name John Williams	Full Maiden Name Katie Samson
Residence 475 Hill St	Residence Same
Color or Race White	Color or Race White
Age at last Birthday 32 (Years)	Age at last Birthday 26 (Years)
Birthplace Cornwall, Eng	Birthplace Cornwall, Eng
Occupation Miner	Occupation Housewife

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 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 11, 1910, at 1:09 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.

062-811-225 COUNTY REGISTRAR.

~~A TRUE COPY.~~

Filed Sept 1 1910

B. G. Fox M.D. COUNTY REGISTRAR