2127

Write Plan 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.

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. 115

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 191

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Alice Chiveis

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 21 1904 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Elbert Joe Chiveis	Full Maiden Name	Violet Stump
Residence	Pine St	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	24 (Years)	Age at last Birthday	24 (Years)
Birthplace	Ft Worth Texas	Birthplace	Santa Rosa, Calif
Occupation	Blacksmith	Occupation	Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 21 1910, at 6 P M

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

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

Given or christian name added from a supplemental report 191

Address Globe

Filed Aug 24 1910 B. G. Fox
LOCAL REGISTRAR.

132-821-527
COUNTY REGISTRAR.

Filed Sept 1st 1910 B. G. Fox M.D.
COUNTY REGISTRAR.