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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. ~~123~~ ¹²³

ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 194

Number of each
transmitted with the Local Registrar within

Town of _____
or
City of Globe

(No. _____) St; _____ Ward)

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

Sex of Child Male Twin, Triplet or other and Number in order of birth 1 Legitimate? Yes Date of Birth Aug 25 1910
(Month) (Day) (Yr.)

FATHER
Full Name James Armstrong
Residence 187 Ryan St.
Color or Race White Age at last Birthday 20 (Years)
Birthplace Texas
Occupation Carpenter

MOTHER
Full Maiden Name Ida Rose Brown
Residence Same
Color or Race White Age at last Birthday 21 (Years)
Birthplace Sawson, Colo.
Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1 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 25 1910, at 99 M

(Signature) [Signature]
(Attending physician, midwife, householder, etc.)

Address Globe

supplemental report _____ 191____
617-825-925
COUNTY REGISTRAR.

Filed Aug 28 1910
Filed Sept 14 1910

B. G. Fox
LOCAL REGISTRAR.
B. G. Fox 1910
COUNTY REGISTRAR.