

2511

RECORD
If 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

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

County of Yuma
District of _____
Town of Globe
or
City of _____

ORIGINAL **CERTIFICATE OF BIRTH.** Ter. Index No. 98
Register No. 214
St.; _____ Ward)

FULL NAME OF CHILD Margaret Rice 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 5 Legiti mate? yes Date of Birth Sept 14 1910
(Month) (Day) (Year)

FATHER
Full Name Barney Rice
Residence N. Globe
Color or Race W Age at last Birthday 52 (Years)
Birthplace Ireland
Occupation miner

MOTHER
Full Maiden Name Margaret Rice
Residence N. Globe
Color or Race W Age at last Birthday 40 (Years)
Birthplace Ireland
Occupation housewife

Number of child of this mother 5 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 Sept 14, 1910, at 2.9 P.M.

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

(Signature) A. J. Kennedy
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed 9/16 1910 Address Globe
B.Y.S. Co.

495-914-495 Filed Oct 1 1910 A TRUE COPY. B. J. Gray LOCAL REGISTRAR
COUNTY REGISTRAR COUNTY REGISTRAR