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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 82

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 257

Local Registrar's No. ____

PLACE OF BIRTH

County of Gila

District of ____

Town of ____ or City of Globe

(No. ____ St; ____ Ward)

FULL NAME OF CHILD ____ Born Alive: YES ~~NO~~

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

Sex of Child: Female | Twin, Triplet or other: ____ | and | Number: In order of birth: 1 | Legitimate? Yes | Date of Birth: Nov. (Month) 19 (Day) 19.10 (Yr.)

FATHER	MOTHER
Full Name: Tom Kelly	Full Maiden Name: Susie Butler
Residence: Globe Ariz.	Residence: Globe Ariz.
Color or Race: White	Color or Race: White
Age at last Birthday: 44 (Years)	Age at last Birthday: 38 (Years)
Birthplace: Missouri	Birthplace: Bloomington Ind.
Occupation: Bartender	Occupation: Housewife

Number of child of this mother: 4 | Number of children, of this mother, now living: 3 | 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, Nov 19 1910, at 2 P M

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

(Signature) R. Wales (Attending physician, ~~midwife, householder.*~~)

Address Globe Ariz

Given or christian name added from a supplemental report ____ 191__

Filed Nov 22 1910 — B. G. Joy, LOCAL REGISTRAR.

028-1119-209 COUNTY REGISTRAR.

Filed Dec 25 1910 — B. G. Joy M.D., COUNTY REGISTRAR.

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.

RECORD.