511

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 84

Register No. 252

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

(No. ..... St.; ..... Ward)

FULL NAME OF CHILD Marshall Young — Born Alive Yes No

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

Sex of Child M | Twin, Triplet or other and Number in order of birth 2 | Legitimate? yes | Date of Birth Nov 22 1910 (Month) (Day) (Year)

FATHER		MOTHER	
Full Name	Lee Young	Full Maiden Name	May Young
Residence	Bullion St Nofbg Hill	Residence	Bullion St
Color or Race	white	Color or Race	white
Age at last Birthday	37 (Years)	Age at last Birthday	22 (Years)
Birthplace	Mo	Birthplace	Tex
Occupation	Miner	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 Nov 22, 1910, at 6 A. M

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

(Signature) R O Kennedy (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 19.....

Filed Nov 26 1910 Address

B. G. Fox LOCAL REGISTRAR.

A TRUE COPY.

487-1122-487 COUNTY REGISTRAR.

Filed Dec 15 1910

B. G. Fox M.D. COUNTY REGISTRAR

...irth, a SEPARATE RETURN must be made for each, and the number of each, in order of ... must be filed by the attending Physician or Midwife with the Local registrar within ... days after birth.