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Write Plainly, with Unfading Ink.—This is a Permanent Record.

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 3 days after birth.

PLACE OF BIRTH **ARIZONA TERRITORIAL BOARD OF HEALTH**  
 County of Globe **BUREAU OF VITAL STATISTICS.** Ter. Index No. 191  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or Globe  
 City of \_\_\_\_\_ **ORIGINAL CERTIFICATE OF BIRTH.** Co. Register No. 269  
 Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_) St; \_\_\_\_\_ Ward \_\_\_\_\_  
 FULL NAME OF CHILD William George Sapp { Born } YES  
 { Alive } NO

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

Sex of Child <u>Male</u>	Twins, Triplet or other <input checked="" type="checkbox"/>	and	Number, in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Dec 5</u> 19 <u>10</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Wm George Sapp</u>	Residence <u>517 So Hill St</u>		Full Maiden Name <u>Caroline R Paul</u>	Residence <u>Danae</u>	
Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>26</u> (Years)	Birthplace <u>Silver City, N. Mex</u>	
Birthplace <u>Garden, Colo.</u>			Occupation <u>Housewife</u>		

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 Dec 5 1910, at 119  
 { \*When there is no attending physician or midwife, then the householder should make this return. } (Signature) C. J. Sturgeon  
 (Attending physician, midwife, householder. \*)  
 Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_ Address \_\_\_\_\_  
 Filed Nov 8 1910 B. G. Gray LOCAL REGISTRAR.  
627-1205-333 COUNTY REGISTRAR. Filed Jan 3 1911 B. G. Gray COUNTY REGISTRAR.