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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.

PLACE OF BIRTH

County of Gila

District of

Town of
or
City of Globe

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 183

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 279

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Robt Davis { 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 Dec 25 1910 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Robt Davis	Full Maiden Name	Kate Davis
Residence	Haskins Road	Residence	Haskins Road
Color or Race	White	Color or Race	White
Age at last Birthday	35 (Years)	Age at last Birthday	28 (Years)
Birthplace	Eng	Birthplace	Eng
Occupation	Miner	Occupation	Housewife

Number of children 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, Dec 25 1910, at 10 A.M.

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

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

Given or christian name added from a supplemental report 191

Address Globe

Filed Dec 28 1910 B. G. Fox
LOCAL REGISTRAR.

942-1225-242
COUNTY REGISTRAR.

Filed Jan 3 1910 B. G. Fox M.D.
COUNTY REGISTRAR.