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TERRITORI

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ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 24

Local Registrar's No.

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	Twin, Triplet or other	and	Number; in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	Feb. (Month) 18 (Day) 1911 (Yr.)

FATHER		MOTHER	
Full Name	Hanson S. Robinette	Full Maiden Name	Adaline Taylor
Residence	Copper Hill	Residence	Copper Hill
Color or Race	White	Color or Race	White
Age at last Birthday	28 (Years)	Age at last Birthday	24 (Years)
Birthplace	Maryland	Birthplace	Kansas
Occupation	Engineer Stationary	Occupation	Housewife

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, Feb 18 1911, at 4 a.M

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

(Signature) E. R. McPheeters M.D.
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191

Address

Filed Feb 23 1911 B. G. Fox
LOCAL REGISTRAR.

095-218-139
COUNTY REGISTRAR.

Filed Mar 10 1911 B. G. Fox M.D.
COUNTY REGISTRAR.

Physician or midwife with the Local Registrar within 5 days