2167

Write Pl[illegible]y, with Unfading Ink.—This is a Permanent Record.

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. 90

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 42

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Still Borne Born Alive 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
Girl					Marsh 11 1911 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Lee Penrod	Full Maiden Name	Clara Woolford
Residence	Globe	Residence	Globe
Color or Race	White	Color or Race	White
Age at last Birthday	24 (Years)	Age at last Birthday	19 (Years)
Birthplace	Arizona	Birthplace	New York
Occupation	Laboror	Occupation	

Number of child of this mother 1 | Number of children, of this mother, now living none | Were Precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Marsh 11 1911, at 6 a M

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

(Signature) A. K. Shaw (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191

Address Globe

Filed 3/15 1911 B. G. Tia LOCAL REGISTRAR.

[illegible] COUNTY REGISTRAR.

Filed 4/5 1911 B. G. Tia M.D. COUNTY REGISTRAR.