2174

write l[illegible]ny, with Unfading Ink.—This is a Perm[illegible]nt 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.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 97

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 47

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

(No. St; Ward)

FULL NAME OF CHILD Not named

Born Alive YES ~~NO~~

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

Sex of Child Female | Twin, Triplet or [illegible] Yes | and | Number; in order of birth 2nd | Legitimate? Yes | Date of Birth March 18 1911 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Arthur Lee	Full Maiden Name	Percy Hampton
Residence	229 Mesquite St.	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	29 (Years)	Age at last Birthday	34 (Years)
Birthplace	Cornwall, Eng.	Birthplace	Same
Occupation	Miner	Occupation	Housewife

Number of child of this mother 4 | Number of children, of this mother, now living 4 | 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 Mar. 18 1911, at 2:30 P.M.

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

(Signature) C. T. Stringer (Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address

Filed 3/20 1914 B. G. Fox LOCAL REGISTRAR.

Filed 4/5 1914 B. G. Fox MD COUNTY REGISTRAR.

[illegible] COUNTY REGISTRAR.