2183

Write Family, 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. 106

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 50

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Alice Marie Hanson — 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 other ✓ — and — Number in order of birth ✓ — Legitimate? yes — Date of Birth March 31 1911 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	John P Hanson	Full Maiden Name	Anna Voss
Residence	So Second St	Residence	Same
Color or Race	White — Age at last Birthday 40 (Years)	Color or Race	White — Age at last Birthday 30 (Years)
Birthplace	Sweden	Birthplace	Hamburg Germany
Occupation	Superintendent of Foundry	Occupation	Housewife

Number of child of this mother 2 — 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, March 31 1911, at 9 A M

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

(Signature) C. L. Sturgeon
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191__

Address

Filed Apr 1 1911 — B. G. Fox
LOCAL REGISTRAR.

185 [illegible]
COUNTY REGISTRAR.

Filed Apr 5 1911 — B. G. Fox M.D.
COUNTY REGISTRAR.