

2604

Write plainly, with Unfading Ink. This is a Permanent Record.

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, noted. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 8 days after birth.

PLACE OF BIRTH
 County of Globe
 District of _____
 Town of Globe
 or _____
 City of _____

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. 7790
 ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 76
 Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____ Born YES
 Alive NO

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

Sex of Child <u>Female</u> <small>Winn, Triplet or other</small>	and	Number; in order of birth _____	Leg. mate? <u>Yes</u>	Date of Birth <u>4</u> <u>5</u> 19 <u>11</u> <small>(Month) (Day) (Yr.)</small>
FATHER Full Name <u>Stipan Gajun</u> Residence <u>Globe</u> Color or Race <u>White</u> Age at last Birthday _____ (Years) Birthplace <u>Crusbwa</u> Occupation <u>Saloon Maen</u>		MOTHER Full Maiden Name <u>Ange Gajun</u> Residence <u>Globe</u> Color or Race <u>White</u> Age at last Birthday <u>28</u> (Years) Birthplace <u>Crusbwa</u> Occupation <u>Home keeper</u>		

Number of child of this mother... one Number of children, of this mother, now living... one 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 April 5th 1911, at 5 AM

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

(Signature) G. E. Wright
 (Attending physician, midwife, householder. *)

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

Address Globe, Ariz.
B. S. Joffe
 LOCAL REGISTRAR.
B. S. Joffe
 COUNTY REGISTRAR.

Filed 4/10 1911
 Filed 5/5 1911

075-405-175
 COUNTY REGISTRAR.