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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 86

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 80

Local Registrar's No. ____

(No. ____ St; ____ Ward)

PLACE OF BIRTH
County of Gila
District of ____
Town of ____ or City of Globe

FULL NAME OF CHILD Samuel Johns

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

Born Alive YES ~~NO~~

Sex of Child Male | Twin, Triplet or other ✓ | and | Number; in order of birth ✓ | Legitimate? Yes | Date of Birth April 12 1911 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Samuel Johns	Full Maiden Name	Mitcent Stoneman
Residence	456 Tonto St.	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	26 (Years)	Age at last Birthday	23 (Years)
Birthplace	Redwich, England	Birthplace	Same
Occupation	Miner	Occupation	Housewife

Number of child of this mother 3. | Number of children, of this mother, now living 3 | 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, April 12 1911, at 11 30 P M

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

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

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

Address ____

Filed Apr 17 1911 — B. G. Fox, LOCAL REGISTRAR.

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

212-412-425
COUNTY REGISTRAR.

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 3 days after birth.

—This is a Permanent Record.