120

Write Pla[illegible], with Unfading Ink.—This is a Perman[illegible] 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. 90 [redacted]

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 100

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 Male | ~~Twin, Triplet or other~~ Other | and | Number; in order of birth 1 | Legitimate? yes | Date of Birth May (Month) 2 (Day) 1911 (Yr.)

FATHER		MOTHER	
Full Name	George Grace	Full Maiden Name	Lizzie Holman
Residence	Globe Arizona	Residence	Globe
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	39	Age at last Birthday (Years)	36
Birthplace	Missouri	Birthplace	Ill.
Occupation	Carpenter	Occupation	Housewife

Number of child of this mother 5 | Number of children, of this mother, now living 5 | Were Precautions taken against Ophthalmia neonatorum ye

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 2 1911, at 3:30 P.M.

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

(Signature) J. L. Wales (Attending physician, ~~midwife, householder~~, a)

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

Address Globe, Ariz.

Filed May 6 1911 — B. G. Fox, LOCAL REGISTRAR.

075-502-385 COUNTY REGISTRAR.

Filed 6/5 1911 — B. G. Fox M.D. COUNTY REGISTRAR.