133

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 at.

**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. 62

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 109

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Edwin John Botsford — 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 ✓ and Number; in order of birth ✓ | Legitimate? Yes | Date of Birth May 14 (Month) (Day) 1911 (Yr.)

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Clarence Botsford | Full Maiden Name | Daisy Goldsworthy |
| Residence | 546 East 3rd St | Residence | Same |
| Color or Race | White | Color or Race | White |
| Age at last Birthday | 27 (Years) | Age at last Birthday | 27 (Years) |
| Birthplace | Springville N. Y. | Birthplace | Calumet, Mich. |
| Occupation | Mining Engineer | Occupation | Housewife |

Number of child of this mother 1 | 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, May 14 1911, at 79 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 May 18 1911 — B. G. Fox
LOCAL REGISTRAR.

524-514-478
COUNTY REGISTRAR.

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