

525

-ADVIS IS A PERMITS  
-SEPARATE RETURN must be made for each, and the number of each, in order of  
-This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 9 days after  
-stated.

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS. 78 ~~138~~

PLACE OF BIRTH  
County of Globe  
District of \_\_\_\_\_  
Town of Globe *Parties left the city before data was secured*  
City of \_\_\_\_\_  
No. \_\_\_\_\_ St; \_\_\_\_\_ Ward \_\_\_\_\_

Co. Registrar No. 138  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Roberts Jay Born  YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive  NO

Sex of Child <u>Male</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number; in order of birth <input checked="" type="checkbox"/>	Legitimate? <u>Yes</u>	Date of Birth <u>June 3</u> 19 <u>11</u> (Month) (Day) (Yr.)
Full Name <u>FATHER Roberts</u>	Full Maiden Name <u>MOTHER</u>				
Residence <u>Margate St.</u>	Residence <u>Same</u>				
Color or Race <u>White</u> Age at last Birthday (Years) _____	Color or Race <u>White</u> Age at last Birthday (Years) _____				
Birthplace _____	Birthplace _____				
Occupation <u>Carpenter</u>	Occupation <u>Housewife</u>				

Number of child of this mother. / Number of children, of this mother, now living. / 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, June 3 1911, at 69 M

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

(Signature) C. J. Stinger  
(Attending physician, midwife, householder. 9)

Given or christian name added from a supplemental report \_\_\_\_\_ 1911

Address \_\_\_\_\_

Filed July 5 1911 LOCAL REGISTRAR. B. G. Jay  
COUNTY REGISTRAR.

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COUNTY REGISTRAR.

092-603-000  
COUNTY REGISTRAR.