

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, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

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

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. *79* Ter. Index No. ~~327~~
 ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 128
 Local Registrar's No. _____

(No. _____) St; _____ Ward)

FULL NAME OF CHILD Johanna Stanisz Born YES
 { Alive }

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

Sex of Child <u>Girl</u>	Twin, triplet or other <u>1</u>	and	Number; in order of birth _____	Legitimacy? <u>yes</u>	Date of Birth <u>June 5th</u> 19 <u>11</u>
Full Name <u>Jean Stanisz</u>	FATHER		Full Maiden Name <u>Mary Pank</u>	MOTHER	
Residence <u>Globe</u>	Residence <u>Globe</u>		Residence <u>Globe</u>		
Color or Race <u>White</u>	Age at last Birthday <u>31</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>31</u> (Years)	Birthplace <u>Austria</u>	
Birthplace <u>Austria</u>	Occupation <u>Miner</u>	Birthplace <u>Austria</u>	Occupation <u>House Wife</u>	Were Precautions taken against Ophthalmia neonatorum? _____	

Number of child of this mother 6 Number of children, of this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, June 5 1911, at 10 A M

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

(Signature) A. H. Shum
 (Attending physician, midwife, householder. *)

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

Address _____

Filed 6/10 1911 B. G. Gray LOCAL REGISTRAR.
 Filed 7/5 1911 B. G. Gray COUNTY REGISTRAR.

129-6133-432
 COUNTY REGISTRAR.