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Write ...nly, with Unfading Ink.—This is a Permanent 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.

PLACE OF BIRTH

County of Gila

District of

Town of Globe

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 97

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 149

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD George William Leech { Born / Alive } YES ~~NO~~

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

Sex of Child boy | Twin, Triplet or other 1 | and | Number; in order of birth | Legitimate? yes | Date of Birth 7 (Month) 19 (Day) 1911 (Yr.)

FATHER		MOTHER	
Full Name	John Morgan Leech	Full Maiden Name	Alice Mercer
Residence	Globe	Residence	Globe
Color or Race	white	Color or Race	white
Age at last Birthday	40 (Years)	Age at last Birthday	37 (Years)
Birthplace	S.C.	Birthplace	S.C.
Occupation	Colecting agent	Occupation	house wife

Number of child of this mother 1 | Number of children, of this mother, now living | Were Precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, July 19 1911, at 3 A M

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

(Signature) A. K. Shaw (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191

Address Globe

Filed 7/20 1911 B. G. Fox LOCAL REGISTRAR.

Filed 8/5 191 B. G. Fox M.D. COUNTY REGISTRAR.

738-719-149 COUNTY REGISTRAR.