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Write in ink, with Unfading Ink.—This is a Permanent Record.

M. 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 3 days after birth.

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS. *106* Ter. Index No. ~~106~~  
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. *158* Local Registrar's No. \_\_\_\_\_

PLACE OF BIRTH  
County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or City of Globe St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Charles Stephens (No. \_\_\_\_\_) { Born } YES  
{ Alive } NO

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

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number; in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 30</u> 19 <u>11</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Geo Stephens</u>			Full Maiden Name <u>Beatrice O Dickerson</u>		
Residence <u>Globe Ariz</u>			Residence <u>Same</u>		
Color or Race <u>White</u>		Age at last Birthday _____ (Years)		Color or Race <u>White</u>	
Birthplace <u>England</u>		Age at last Birthday _____ (Years)		Birthplace <u>Nebraska</u>	
Occupation <u>Miner</u>		Occupation _____		Occupation <u>Housewife</u>	
Number of child of this mother ...	Number of children, of this mother, now living .	Were Precautions taken against Ophthalmia neonatorum? <u>ye</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on, July 30 1911, at \_\_\_\_\_ M

{ \*When there is no attending physician or midwife, then the householder should make this return. } (Signature) L. B. Wightman  
(Attending physician, midwife, householder. \*) per ye

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Address \_\_\_\_\_

Filed Aug 12 1911 B. G. Cox LOCAL REGISTRAR  
Filed 9/5 1911 B. J. Fox COUNTY REGISTRAR

322-730-245 COUNTY REGISTRAR