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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 69

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 161

Local Registrar's No. ____

PLACE OF BIRTH

County of Gila

District of ____

Town of ____ or City of Globe

(No. ____ St; ____ Ward)

FULL NAME OF CHILD Seven months miscarraige — Born / Alive — ~~YES~~ NO

If child is not named, make Supplemental Report on blank obtainable from local registrar. Still Borned Lived 7 hours

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

FATHER		MOTHER	
Full Name	John Reynolds	Full Maiden Name	Florence Langford
Residence	Globe	Residence	Globe
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	27	Age at last Birthday (Years)	22
Birthplace	Texas	Birthplace	Texas
Occupation	Conductor Railroad	Occupation	Housewife

Number of child of this mother 1 | Number of children, of this mother, now living 0 | 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, August 1 1911, at 12 M

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

(Signature) E. R. McPheeters M.D.
(Attending physician, midwife, householder. *)

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

Address Globe Arizona

Filed 8/5 1911 — B. G. Fox, LOCAL REGISTRAR.

C92-881-6221 — COUNTY REGISTRAR.

Filed 9/5 1911 — B. G. Fox M.D., COUNTY REGISTRAR.

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

White ... ay, with U... g Ink.—This is a Perm... nt Record.