

4406

Write Plainly, with 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 3 days after birth.

PLACE OF BIRTH **ARIZONA TERRITORIAL BOARD OF HEALTH**
 County of Chila BUREAU OF VITAL STATISTICS. *Ter. Index No. 78*
 District of _____ ORIGINAL CERTIFICATE OF BIRTH. *Co. Register No. 168*
 Town of _____ Local Registrar's No. _____
 or _____
 City of Globe (No. _____ St; _____ Ward)

FULL NAME OF CHILD Anna Halby Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive

Sex of Child <u>female</u>	Twin, Triplet or other <u>none</u>	and	Number; in order of birth _____	Legiti- mate? <u>yes</u>	Date of Birth <u>Aug 20</u> 19 <u>11</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Wear Halby</u>	Residence <u>Globe</u>		Full Maiden Name <u>Josee Moses</u>	Residence <u>Globe</u>	
Color or Race <u>Cyrman</u>	Age at last Birthday <u>28</u> (Years)	Birthplace <u>Asia</u>	Color or Race <u>Cyrman</u>	Age at last Birthday <u>22</u> (Years)	Birthplace <u>Asia</u>
Occupation <u>Merchant</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>4</u>	Number of children, of this mother, now living <u>4</u>	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, Aug 20 1911, at ST. M
 { *When there is no attending physician or midwife, then the householder should make this return. } (Signature) A. N. Shaw
 (Attending physician, midwife, householder. *)
 Given or christian name added from a supplemental report _____ 191____
 Address Globe
 Filed 8/24 1911 B. G. Jay LOCAL REGISTRAR.
 Filed 9/5 1911 B. G. Jay COUNTY REGISTRAR.