9412

...ly, with ... fading Ink.—This is a ... manent 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.

County of Gila

District of

Town of
or
City of Globe

...ONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 82

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 172

Local Registrar's No.

(No. ..... St; ..... Ward)

FULL NAME OF CHILD ..... Born / Alive ~~YES~~ / NO

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

Sex of Child: Male | Twin, Triplet or other: ✓ | and | Number in order of birth: ✓ | Legitimate? Yes | Date of Birth: Aug. 25 (Month) (Day) 1911 (Yr.)

FATHER		MOTHER	
Full Name	P. A. Westling	Full Maiden Name	Selma Larson
Residence	270 Cuprite	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	31 (Years)	Age at last Birthday	25 (Years)
Birthplace	Sweden	Birthplace	Sweden
Occupation	Miner	Occupation	Housewife

Number of child of this mother: 2 | Number of children, of this mother, now living: 1 | 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. 25 1911, at 4 P M

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

(Signature) C. T. Stringeon
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 191..

Address .....

Filed Aug 30 1911 — B. G. Fox, LOCAL REGISTRAR.

067-825-235
COUNTY REGISTRAR

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