4835

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 98

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 193

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 Alice Clifford Shanley — Born Alive YES ~~NO~~

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

Sex of Child Female | Twin, Triplet or other ✓ | and | Number; in order of birth ✓ | Legitimate? yes | Date of Birth Sept 24 (Month) (Day) 1911 (Yr.)

FATHER		MOTHER	
Full Name	William Grace Shanley	Full Maiden Name	Anna May Stewart
Residence	Hill St.	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	38 (Years)	Age at last Birthday	26 (Years)
Birthplace	Colorado,	Birthplace	Atlanta, Georgia
Occupation	Cattleman	Occupation	Housewife

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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, Sept 24 1911, at 2 P M

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

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

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

Address ____

Filed 9/28 1911 — B. G. Fox, LOCAL REGISTRAR.

128-924-123 COUNTY REGISTRAR

Filed 10/6 1911 — B. G. Fox M.D. COUNTY REGISTRAR.

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