2230

Write Plainly, with Unfading Ink.—This is a Permanent 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 after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 85

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 197

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 Eleanor Agnes Shipman { Born Alive } YES / NO

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

Sex of Child	Twin, Triplet or other	and	Number; in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Female	✓		✓	Yes	Oct 1st 1911

FATHER	MOTHER
Full Name: Harry Shipman	Full Maiden Name: Hallie Dupree
Residence: Cor. Maple & Third Sts	Residence: Same
Color or Race: White — Age at last Birthday: 29 (Years)	Color or Race: White — Age at last Birthday: 28 (Years)
Birthplace: Rush Co. Kansas	Birthplace: Texas
Occupation: Real Estate Dealer	Occupation: Housewife

Number of child of this mother: 1. | Number of children, of this mother, now living: 1 | 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, Oct 1 1911, at 3 P M

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

(Signature) C. J. Stimpson (Attending physician, midwife, householder.*)

Address ____

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

Filed Oct 5 1911 — B. G. Fox, LOCAL REGISTRAR

525-1001-845 COUNTY REGISTRAR

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