

2235

VEL. FOR BINDING.

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

County of Gila
District of _____
Town of _____
or _____
City of Globe

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 88
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 199
Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Helen Heep Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child fr Male Female } and } Number in order of birth 3 Legit- yes Date of Birth Oct-2 1911
(Month) (Day) (Yr.)

FATHER
Full Name Math Heep
Residence Copper Hill
Color or Race W Age at last Birthday 36 (Years)
Birthplace Texas
Occupation Miner

MOTHER
Full Maiden Name Mary Barnes Heep
Residence Copper Hill
Color or Race White Age at last Birthday 25 (Years)
Birthplace Texas
Occupation Housewife

Number of child of this mother 3 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 Oct 2 1911, at 9 P.M.

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

(Signature) A. S. Kennedy
(Attending physician, midwife, householder. *)

Given or christian name added from a

supplemental report _____ 191__

Address _____

Filed Oct 5 1911

B. S. Gray
LOCAL REGISTRAR.

887-1002-422
COUNTY REGISTRAR.

Filed Nov 5 1911

B. S. Gray
COUNTY REGISTRAR.