2653

Write ... ly, with ... ding 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.

ORIGINAL CERTIFICATE OF BIRTH. *Ter. Index No.* 76

PLACE OF BIRTH

County of Gila

District of

Town of Globe
or
City of

Register No. 231

(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 F. | Twin, Triplet or other | and | Number in order of birth 3rd | Legitimate? Yes | Date of Birth Nov. 8 (Month) (Day) 19 11 (Year)

FATHER		MOTHER	
Full Name	Chas Askew	Full Maiden Name	Elizabeth Lings
Residence	Globe Ariz 470 High St	Residence	Globe Ariz.
Color or Race	W.	Color or Race	W.
Age at last Birthday (Years)	32	Age at last Birthday (Years)	34
Birthplace	England	Birthplace	England
Occupation	Miner	Occupation	Housewife

Number of child of this mother 3 | Number of children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on ....., 19....., at ..... M

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

(Signature) W A Holt
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 19.....

Filed Nov 15 1911

Address Globe Ariz

B. G. Fox
LOCAL REGISTRAR.

~~A TRUE COPY.~~

016-1108-532
COUNTY REGISTRAR.

Filed Dec 5 1911

B. G. Fox M.D.
COUNTY REGISTRAR