2654

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.

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. 77

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 233

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Virginia Crubbs — 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
Female				yes	November 8 1911 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Charles E. Crubbs	Full Maiden Name	Lydia Sparks
Residence	White 31	Residence	White 22
Color or Race	Age at last Birthday (Years)	Color or Race	Age at last Birthday (Years)
Birthplace	Georgia	Birthplace	Arizona
Occupation	Merchant	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, 11/8 11 19, at 1 P M

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

(Signature) (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191

Address E R McPheeters

Filed Nov 12 1911 B. G. Fox LOCAL REGISTRAR.

572-1108-322 COUNTY REGISTRAR

Filed Dec 5 1911 B. G. Fox [illegible] COUNTY REGISTRAR.