2660

WRITE MAINLY, 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

# ARIZONA TERRITORIAL BOARD OF HEALTH

County of Gila

District of Globe

Town of

or

City of

**BUREAU OF VITAL STATISTICS.**

**ORIGINAL CERTIFICATE OF BIRTH.**

Ter. Index No. 80

Co. Register No. 235

Local Registrar's No.

(No. 12 miles North St; Ward)

FULL NAME OF CHILD Georgia Ethel Wright

{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 plural | and Number; in order of birth | Legitimate? | Date of Birth (Month) (Day) (Yr.) |
|---|---|---|---|---|
| F | | 1 | yes | Nov 26 1911 |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | John Wright | Full Maiden Name | Sue Bennett |
| Residence | Ranger Station | Residence | Ranger Station |
| Color or Race | White | Color or Race | White |
| Age at last Birthday (Years) | 29 | Age at last Birthday (Years) | 24 |
| Birthplace | Tex | Birthplace | Kentucky |
| Occupation | Forest Ranger | 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* Nov 26 1911, at 8 P.M.

(Signature) R D Kennedy
(Attending physician, midwife, householder.*)

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

Address Globe Ariz

*Given or christian name added from a supplemental report* 191

Filed Nov 29 1911 B. G. Fox
LOCAL REGISTRAR.

763-1127-223
COUNTY REGISTRAR.

Filed Dec 5 1911 B. G. Fox M.D.
COUNTY REGISTRAR.