

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 **ARIZONA TERRITORIAL BOARD OF HEALTH**
 County of Cochise BUREAU OF VITAL STATISTICS. Ter. Index No. 27
 District of Warren ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 625
 Town of _____ Local Registrar's No. _____
 or _____
 City of Bisbee (No. Mason Hill St.; _____ Ward)

FULL NAME OF CHILD Elizabeth Pigstad Cooly { Born } YES
 { Alive } ~~NO~~
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female { Twin, Triplet or other } and { Number; in order of birth } 1 Legitimate? yo Date of Birth Dec 3rd 1911
 (Month) (Day) (Yr.)

FATHER
 Full Name Benjamin D. Cooly
 Residence Bisbee
 Color or Race White Age at last Birthday 33 (Years)
 Birthplace Missouri
 Occupation Druggist

MOTHER
 Full Maiden Name Marie A. Pigstad
 Residence Bisbee
 Color or Race White Age at last Birthday 28 (Years)
 Birthplace Michigan
 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 12/3 1911, at 90 M
 { *When there is no attending physician or midwife, then the householder should make this return. } (Signature) Chas. F. Hawley M.D.
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____ Address Bisbee

Filed Dec 5 1911 OSKunt
 Filed 1/10/12 1911 A. R. Nickerson
538-1203-494 COUNTY REGISTRAR LOCAL REGISTRAR
 COUNTY REGISTRAR COUNTY REGISTRAR