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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 92

Co. Register No. 242

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of .....

or

City of Globe

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Helen P. Fuster

If child is not named, make Supplemental Report on blank obtainable from local registrar.

{Born} YES
{Alive} ~~NO~~

Sex of Child	Twin, Triplet or other plural	and	Number; in order of birth	Legitimate?	Date of Birth
Fem.			5	yes	Dec 4 1911 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Edward F. Pfuster	Full Maiden Name	Teresa Adelman
Residence	E. Globe	Residence	E. Globe
Color or Race	W	Color or Race	W
Age at last Birthday (Years)	36	Age at last Birthday (Years)	25
Birthplace	Penn	Birthplace	N. Mex
Occupation	Miner	Occupation	Housewife

Number of child of this mother 5 | Number of children, of this mother, now living 4 | 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, Dec 1 *191*1*, at* 11 A.M.,

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

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

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

Address Globe Ariz

Filed Dec 6 *191*1

B. G. Fox
LOCAL REGISTRAR.

879-1204-315
COUNTY REGISTRAR.

Filed Jan 5 *191*1

B. G. Fox M.D.
COUNTY REGISTRAR.

... must be made for each, and the number of each, in ... within 5 days after birth. This certificate must be filed by the attending Physician or Midwife with the Local Registrar