

533

Write Plainly, with Unfading Ink.—This is a Permanent Record.

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 3 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. *66* No. ~~74~~  
 ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 5  
 Local Registrar's No. 5

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)  
**FULL NAME OF CHILD** Not named { Born } **YES**  
 { Alive } **NO**  
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number; in order of birth <u>1</u>	Legitimate? <input checked="" type="checkbox"/>	Date of Birth <u>Jan 9</u> 19 <u>12</u> (Month) (Day) (Yr.)
<b>FATHER</b>			<b>MOTHER</b>		
Full Name <u>James C. Atcherson</u>			Full Maiden Name <u>Annie Ashby</u>		
Residence <u>546 Misa St.</u>			Residence <u>None</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>42</u> (Years)			Age at last Birthday <u>36</u> (Years)		
Birthplace <u>Summers Kentucky</u>			Birthplace <u>Owensboro Kentucky</u>		
Occupation <u>Order Man at Mine</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>6</u>	Number of children, of this mother, now living <u>4</u>	Were Precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 I hereby certify that I attended the birth of above child; and that it occurred on, Jan 9 1912, at 109 M  
 { \*When there is no attending physician or midwife, then the householder should make this return. }  
 (Signature) C. J. Sturgeon  
 (Attending physician, midwife, householder. \*)  
 Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_  
 Address Globe Ariz  
B. G. Saxe  
 LOCAL REGISTRAR.  
B. G. Saxe  
 COUNTY REGISTRAR.  
 Filed Jan 10 1912  
 Filed Feb 5 1912  
015-109-118  
 COUNTY REGISTRAR