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WRITE IN INK, 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 6 days after birth.

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS.** 85 ~~87~~  
**ORIGINAL CERTIFICATE OF BIRTH.** Co. Registrar No. 20

PLACE OF BIRTH  
 County of Globe  
 District of Globe  
 Town of \_\_\_\_\_  
 or City of Globe (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Cornelia Mae Dennis (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 plural	None	and	Number in order of birth	1st	Legitimate?	Yes	Date of Birth	Feb. 13 1912											
Full Name	<b>FATHER</b>					<b>MOTHER</b>															
Residence	Oscar Dennis 309 Mesa St.					Sallie Isabel Parr Name															
Color or Race	White					White															
Age at last Birthday	21					19															
Birthplace	Burmes Texas					North Galveston Texas															
Occupation	Condensator Man					Housewife															
Number of child of this mother	1					Number of children, of this mother, now living					2										
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 Feb. 13 1912, at PM

(Signature) C. J. Sturgeon  
 (Attending physician, midwife, householder.)

Address \_\_\_\_\_

Given or christian name added from a supplemental report \_\_\_\_\_ 191 \_\_\_\_\_

342-203-279 Filed Feb 19 1912  
 COUNTY REGISTRAR.

\_\_\_\_\_ Filed Mar 5 1912  
 LOCAL REGISTRAR.  
 COUNTY REGISTRAR.