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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

County of Gila

District of Globe

Town of

or

City of Globe

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Tel. Index 93

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 26

Local Registrar's No. 26

(No. St; Ward)

FULL NAME OF CHILD Elene Marie Sigmund {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
F		2	yes	Feb 25 1912 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Luther Sigmund	Full Maiden Name	Adelad Cardwell
Residence	Hill St	Residence	Hill St
Color or Race	W	Color or Race	W
Age at last Birthday	26 (Years)	Age at last Birthday	24 (Years)
Birthplace	N. C.	Birthplace	Kan.
Occupation	Miner	Occupation	Housewife

Number of child of this mother 2 | 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 25 1912, *at* 7 A.M.

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

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

Address Globe

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

Filed Feb 26 1912 B. G. Fox
LOCAL REGISTRAR.

524-225-136
COUNTY REGISTRAR.

Filed Mar 6 1912 B. G. Fox M.D.
COUNTY REGISTRAR.