970

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. Ter. Index 96

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 29

Local Registrar's No. 27

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

FULL NAME OF CHILD Muriel Catharine Golden

{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
Female	X		yes	Feb (Month) 26 (Day) 1912 (Yr.)

FATHER		MOTHER	
Full Name	Fred H. Golden	Full Maiden Name	Josephine Hester
Residence	Globe	Residence	Globe
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	59	Age at last Birthday (Years)	33
Birthplace	Kentucky	Birthplace	Texas
Occupation	Miner	Occupation	Housewife

Number of child of this mother 8 | Number of children, of this mother, now living 5 | Were Precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Feb 26 1912, *at* 21 M

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

(*Signature*) A. K. Shaw
(*Attending physician, midwife, householder.*)

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

Address Globe

Filed Mar 1st 1912 B. G. Fox
LOCAL REGISTRAR.

475-226-189
COUNTY REGISTRAR.

Filed Mar 5th 1912 B. G. Fox M.D.
COUNTY REGISTRAR.