9402

Within 5 days after birth, [illegible] must be filed by the attending Physician or Midwife with the Local Registrar

PLACE OF BIRTH

County of Gila

District of Globe

Town of Miami

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index 89 ~~97~~

Co. Register No. 44

Local Registrar's No. 39

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

FULL NAME OF CHILD Jose Ansere

{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
Male	X		X	Yes	March 18 1912 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Jose Ansere	Full Maiden Name	Josie Sanchez
Residence	~~Spain~~ Miami Ariz	Residence	Miami
Color or Race	W	Color or Race	W
Age at last Birthday	33 (Years)	Age at last Birthday	23 (Years)
Birthplace	Spain	Birthplace	Spain
Occupation	Timberman	Occupation	House wife

Number of child of this mother 1 | Number of children, of this mother, now living 1 | 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 March 18 1912 *at* 10 A M

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

(Signature) W. E. McWhirt

(Attending physician, ~~midwife, householder~~)

Address Miami Arizona

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

Filed Mar 29 1912

B. G. Fox

LOCAL REGISTRAR.

115-218-129

COUNTY REGISTRAR.

Filed Apr 1st 1912

B. G. Fox M.D.

COUNTY REGISTRAR.