9410

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. 95 Ter. Index ~~47~~

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 47

Local Registrar's No. 41

PLACE OF BIRTH

County of Gila

District of Globe

Town of Miami

or

City of .....

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

FULL NAME OF CHILD [illegible]

If child is not named, make Supplemental Report on blank obtainable from local registrar.

{Born / Alive} YES ~~NO~~

Sex of Child	Twin, Triplet or other plural	and	Number; in order of birth	Legitimate?	Date of Birth
male	X		X	Yes	March 22 1912 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	[illegible] Coffee	Full Maiden Name	Bessie Phillips
Residence	[illegible]	Residence	Miami Ariz
Color or Race	White	Color or Race	White
Age at last Birthday	30 (Years)	Age at last Birthday	28 (Years)
Birthplace	England	Birthplace	England
Occupation	Miner	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 21st 1912, *at* 1 a M

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

(Signature) W. E. Marshall
(Attending physician, midwife, householder.)

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

Address Miami Arizona

Filed Mar 29 1912 — B. G. Fox, LOCAL REGISTRAR.

037-322-277 COUNTY REGISTRAR. Filed Apr 1 1912 — B. G. Fox, COUNTY REGISTRAR.

within 5 days after birth. This certificate must be filed by the attending Physician or Midwife with the Local Registrar