1425

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. 103 Ter. Index

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 54

Local Registrar's No. 48

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

FULL NAME OF CHILD ..... {Born} YES {~~Alive~~} ~~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				yes	3 (Month) 30 (Day) 1912 (Yr.)

FAHTER		MOTHER	
Full Name	John M. Haws	Full Maiden Name	Viola Cluff.
Residence	East Globe	Residence	East Globe
Color or Race	White	Color or Race	White
Age at last Birthday	48 (Years)	Age at last Birthday	38 (Years)
Birthplace	Utah	Birthplace	Utah
Occupation	Laborer	Occupation	Housewife

Number of child of this mother 5 | 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, 3/30 1912, at 12 M

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

(Signature) L. E. Wightman
(Attending physician, midwife, householder.*)

Address Globe Ariz.

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

Filed Mar 31 1912 B. G. Fox
LOCAL REGISTRAR.

082-330-536
COUNTY REGISTRAR.

Filed Apr 5 1912 B. G. Fox MD
COUNTY REGISTRAR.