9889

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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 79

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 63

Local Registrar's No. 52

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

FULL NAME OF CHILD Lillian May Walters

{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	0	5	yes	April 5 1912 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	James Walters	Full Maiden Name	Cora Irene Craig
Residence	Greyshaft	Residence	Greyshaft - Globe
Color or Race	W	Color or Race	W
Age at last Birthday (Years)	31	Age at last Birthday (Years)	36
Birthplace	Cornwall - Eng.	Birthplace	Quincy - Ill.
Occupation	Miner	Occupation	House-wife

Number of child of this mother 5 | Number of children, of this mother, now living 4 | 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, April 5 1912, at 4 A.M

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

(Signature) Paul Gallagher
(Attending physician, midwife, householder.*)

Address Globe

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

Filed Apr 10 1912 — B. G. Fox, LOCAL REGISTRAR.

362-405-337 — COUNTY REGISTRAR.

Filed May 1 1912 — B. G. Fox MD, COUNTY REGISTRAR.