1902

WHITE 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.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 90

Co. Register No. 72

Local Registrar's No. 61

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

FULL NAME OF CHILD ..... 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	~~Other~~		Yes	Apr. (Month) 18 (Day) 1912 (Yr.)

FAHTER	MOTHER
Full Name: George White	Full Maiden Name: Effie McPherson
Residence: Globe, Ariz.	Residence: Globe, Ariz.
Color or Race: White — Age at last Birthday 43 (Years)	Color or Race: White — Age at last Birthday [illegible] (Years)
Birthplace: Michigan	Birthplace: Michigan
Occupation: Barber	Occupation: Housewife

Number of child of this mother 7 | Number of children, of this mother, now living 7 | 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 18 *1912, at* 5 P.M

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

(Signature) [signature]
(Attending physician, ~~midwife, householder.~~*)

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

Address .....

Filed Apr 23 1912 — B. G. Fox, LOCAL REGISTRAR.

065-416-545 — COUNTY REGISTRAR.

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