2305

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. 79 ~~75~~

Co. Register No. 92

Local Registrar's No. 75

(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 (Month) (Day) (Yr.)
Female				[illegible]	[illegible] 191

FAHTER		MOTHER	
Full Name	Joseph A Holliday	Full Maiden Name	[illegible] Colvin
Residence	East Globe	Residence	East Globe
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	30	Age at last Birthday (Years)	24
Birthplace	Arizona	Birthplace	Arizona
Occupation	Farmer	Occupation	Housewife

Number of child of this mother ..... 1 ..... Number of children, of this mother, now living ..... 1 ..... Were Precautions taken against Ophthalmia neonatorum? ..... [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, ... *191*..., *at* ..... *M*

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

(Signature) L. E. Wightman

(Attending physician, midwife, householder.)*

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

Address .....

Filed 5/20 *191*2

B. G. Fox

LOCAL REGISTRAR.

058-516-535

COUNTY REGISTRAR.

Filed June 5 *1912*

B. G. Fox W.D.

COUNTY REGISTRAR.