2313

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~~ Rancho

or

~~City of~~

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 84 ~~77~~

Co. Register No. 93

Local Registrar's No. 76

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

FULL NAME OF CHILD Cecil James Armstrong

{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				Yes	May (Month) 28 (Day) 1912 (Yr.)

FATHER		MOTHER	
Full Name	James N. Armstrong	Full Maiden Name	Daisy C. Nelson
Residence	Dripping Springs Ranch	Residence	Dripping Springs Ranch
Color or Race	White	Color or Race	White
Age at last Birthday	32 (Years)	Age at last Birthday	26 (Years)
Birthplace	Texas	Birthplace	Arizona
Occupation	Stockman	Occupation	Housewife

Number of child of this mother 3 | Number of children, of this mother, now living 2 | Were Precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, May 28 *191*2*, at* ~~4:00~~ *M*

(Signature) A. W. Shaw
(Attending physician, midwife, householder.*)

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

Address Globe Arizona

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

Filed June 1 1912 B. G. Fox
LOCAL REGISTRAR.

317-528-455
COUNTY REGISTRAR.

Filed June 5 1912 B. G. Fox M.D.
COUNTY REGISTRAR.