

2314

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.

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS.**

85-52  
 Ter. Index No. ~~85-52~~  
 Co. Register No. 98  
 Local Registrar's No. 80

PLACE OF BIRTH  
 County of Globe  
 District of Globe  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Globe (No. 1 Hospital) St; \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME OF CHILD No name Still Born {Born} **YES**  
 {Alive} **NO**  
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>♂</u>	Twin, Triplet or other plural	and Number; in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>5-30-1912</u> (Month) (Day) (Yr.)
Full Name <u>W. E. Langdon</u>	FAATHER		Full Maiden Name <u>Theresa Siesben</u>	MOTHER
Residence <u>Globe</u>			Residence <u>Globe</u>	
Color or Race <u>White</u>	Age at last Birthday <u>57</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>38</u> (Years)
Birthplace <u>Michigan</u>			Birthplace <u>Michigan</u>	
Occupation <u>Not given</u>			Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>0</u>		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, 5/30 1912, at 4.00 P.M.

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

(Signature) H. E. Wiestman  
 (Attending physician, midwife, householder.)

Given or christian name added from a \_\_\_\_\_ Address Globe

supplemental report \_\_\_\_\_ 191 \_\_\_\_\_ Filed June 5 1912 LOCAL REGISTRAR. B. G. J.

036-530-374 Filed June 7 1912 COUNTY REGISTRAR. B. G. Fox M.D.