106

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 No. 79

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 102

Local Registrar's No. .....

(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				yes	6 (Month) 2 (Day) 1912 (Yr.)

FAHTER		MOTHER	
Full Name	Jose Ramez	Full Maiden Name	Maria Martinez
Residence	North Globe	Residence	N. Globe
Color or Race	Mex	Color or Race	Mex
Age at last Birthday (Years)	24	Age at last Birthday (Years)	20
Birthplace	Mexico	Birthplace	Mexico
Occupation	Miner	Occupation	H. W.

Number of child of this mother 1 | Number of children, of this mother, now living 1 | 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, June 2 1912, at 1 P.M.

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

(Signature) H. E. Wightman
(Attending physician, midwife, householder.*)

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

Address Globe

Filed 6/7 1912 B. G. Fox
LOCAL REGISTRAR.

099-602-449
COUNTY REGISTRAR.

Filed 6/10 1912 B. G. Fox MD
COUNTY REGISTRAR.