534

number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 83

Co. Register No.

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 F.M.

Twin, Triplet or other and Number in order of birth

Legitimate? yes

Date of Birth 7 (Month) 9 (Day) 1912 (yr.)

FATHER		MOTHER	
Full Name	Irvin E. Kunz	Full Maiden Name	Bernice Webster
Residence	S. Broad	Residence	S. Broad
Color or Race	White	Color or Race	W
Age at last Birthday	22 (Years)	Age at last Birthday	20 (Years)
Birthplace	Idaho	Birthplace	Utah
Occupation	Teamster	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, 7/9 1912, at 11 P M.

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

(Signature) L. E. Wyttman

(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address

Filed 7/12 1912

B. G. Tea

LOCAL REGISTRAR.

099-709-269

COUNTY REGISTRAR.

Filed 8/5 1912

A True Copy

B. G. Tea M.D.

COUNTY REGISTRAR.