972

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 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. 90

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 | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (yr.) |
|---|---|---|---|---|---|
| M | | | 1st | yes | Aug 1 1912 |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Mike Rais | Full Maiden Name | Annie Moses |
| Residence | Willow St | Residence | Willow St |
| Color or Race | W | Age at last Birthday (Years) | 24 |
| Color or Race | W | Age at last Birthday (Years) | 16 |
| Birthplace | Servia | Birthplace | Tex |
| Occupation | Merchant | Occupation | Housewife |

Number of child of this mother 1 | Number of children, of this mother, now living 0 | Were precautions taken against Ophthalmia neonatorum? no

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 1 1912, at 11 P.M.

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

(Signature) R. D. Kennedy
(Attending physician, midwife, householder.*)

Address Globe

Given or christian name added from a supplemental report 191

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

A True Copy

092-801-142
COUNTY REGISTRAR.

Filed Sept 10 191 B. G. Fox M.D.
COUNTY REGISTRAR.