

975

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
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 8 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

92
Co. Registrar No. 201
Local Registrar's No.

County of Globe
District of Globe
Town of
City of Globe (No. 4 St; Ward)

FULL NAME OF CHILD Mamie Mackey {Born} YES
{Alive} NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other plural	Number in order of birth	Legitimate?	Date of Birth
.....	<u>Aug 6</u> 191 <u>2</u> (Month) (Day) (Yr.)
FATHER			MOTHER	
Full Name <u>Sal Mackey</u>			Full Maiden Name <u>J. E. Jantti</u>	
Residence <u>Globe</u>			Residence <u>Globe</u>	
Color or Race <u>Fin</u> Age at last Birthday <u>24</u> (Years)			Color or Race <u>Fin</u> Age at last Birthday <u>25</u> (Years)	
Birthplace <u>Finland</u>			Birthplace <u>Finland</u>	
Occupation <u>miner</u>			Occupation <u>str</u>	
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>		Were Precautions taken against Ophthalmia neonatorum? <u>yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 6 1912, at 11 AM

(Signature) Paul Jantti
Attending physician, midwife, householder.*

Address.....

supplemental report.....191..... Filed Aug 6 1912 LOCAL REGISTRAR. B. S. Fox
448-806-319 Filed Sept 10 1912 COUNTY REGISTRAR. B. S. Fox