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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 Globe
District of Globe
Town of Globe
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. State Index No. 94
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 204
Local Registrar's No. _____

FULL NAME OF CHILD Geo Rose (No. _____ St. _____ Ward _____)

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

Sex of Child M Twin, Triplet or other _____ } and } Number in order of birth 2 Legitimate? yes Date of Birth Aug 5 1912
(Month) (Day) (Yr.)

FATHER
Full Name Geo Rose
Residence Globe
Color or Race W Age at last Birthday 29 (Years)
Birthplace N, M.
Occupation Butcher

MOTHER
Full Maiden Name Emma Heildock
Residence Globe
Color or Race W Age at last Birthday 27 (Years)
Birthplace Ohio
Occupation Housewife

Number of child of this mother 2 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 Aug 5 1912 at 5 P.M.

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

(Signature) R. J. Fenwick
(Attending physician, midwife, householder.)*

Given or christian name added from a

Address Globe

supplemental report _____ 1912

Filed Aug 10 1912

B. G. Jot
LOCAL REGISTRAR.

795-808-582
COUNTY REGISTRAR.

Filed Sept 10 1912

A True Copy
B. G. Jot
COUNTY REGISTRAR.