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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 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. 97

Co. Register No. 206

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Grace Tyler

Born / Alive YES / NO

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

Sex of Child F | Twin Triplet or other and | Number in order of birth 2 | Legitimate? yes | Date of Birth Aug 14 1912 (Month) (Day) (yr.)

FATHER		MOTHER	
Full Name	R L Tyler	Full Maiden Name	Minnie Dodge
Residence	E Globe	Residence	E Globe
Color or Race	White	Color or Race	W
Age at last Birthday	23 (Years)	Age at last Birthday	24 (Years)
Birthplace	Ariz	Birthplace	Ariz
Occupation	Teamster	Occupation	Housewife

Number of children of this mother 2 | Number of children, of this mother, now living 2 | 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 14 1912, at 59 A.M.

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

(Signature) R D Hennedy

(Attending physician, midwife, householder.*)

Given or christian name added from a

Address Globe

Supplemental report 191

Filed Aug 20 1912 B. G. Fox LOCAL REGISTRAR.

339.814.445

COUNTY REGISTRAR.

Filed Sept 10 1912 A True Copy B. G. Fox B. G. MD COUNTY REGISTRAR.