

1001

WRITE CLEARLY, 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 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 1107

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 2/4

PLACE OF BIRTH
 County of Yuma
 District of Globe
 Town of Globe
 or
 City of Globe St; _____ Ward) _____
 FULL NAME OF CHILD Marcosita Lopez (No. 11)
 { Born } YES
 { Alive } NO

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

Sex of Child <u>Female</u>	Twin, Triplet or other plural <u>X</u>	and	Number in order of birth <u>11</u>	Legitimate? <u>Yes</u>	Date of Birth <u>August 29</u> 191 <u>2</u> (Month) (Day) (Yr.)
Full Name <u>FAHTER</u> <u>Refugio Lopez</u>			Full Maiden Name <u>MOTHER</u> <u>Maria del Refugio</u>		
Residence <u>Globe</u>			Residence <u>Globe</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>30</u> (Years)	Color or Race <u>Mex</u>		Age at last Birthday <u>37</u> (Years)	
Birthplace <u>Xalisco, Mex</u>			Birthplace <u>Xalisco</u>		
Occupation <u>meterman</u>			Occupation _____		
Number of child of this mother <u>11</u>	Number of children, of this mother, now living <u>9</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 August 29 1912, at 9 AM
 (Signature) [Signature]
 (Attending physician, midwife, householder.)
 Address Globe

*When there is no attending physician or midwife, then the householder should make this return.
 Given or christian name added from a

supplemental report..... 191..... Filed Sept 1 1912..... LOCAL REGISTRAR, [Signature]
439-829-496 Filed Sept 1 191..... COUNTY REGISTRAR, [Signature]