4426

CERTIFICATE AMENDED
PLACE OF BIRTH SEE NOTATION

Items of name corr. by aff. of reg. and school records. (10-8-68 lmt)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

County of Gila
District of Globe
Town of
or
City of Globe

State Index No. 100
Co. Register No. 227
Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD ~~Jas Stiver~~ JOHN WEBSTER STIVER { Born / Alive } YES ~~NO~~

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 Sept 12 1912 (Month) (Day) (yr.)

FATHER		MOTHER	
Full Name	J B Stiver	Full Maiden Name	Jesta E Dennis
Residence	Cottonwood St	Residence	Cottonwood St
Color or Race	W	Color or Race	W
Age at last Birthday	41 (Years)	Age at last Birthday	24 (Years)
Birthplace	Iowa	Birthplace	Iowa
Occupation	Bartender	Occupation	Housewife

Number of child 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 Sept 12 1912, at 79 M.

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

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

Given or christian name added from a supplemental report 191

Address Globe

Filed Sept 17 1912 B G Fox
LOCAL REGISTRAR.

129-912-142
COUNTY REGISTRAR.

Filed Oct 5 1912

A True Copy B G Fox MD
COUNTY REGISTRAR.

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.