1430

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.

PLACE OF BIRTH

County of Gila

District of Globe

Town of ..... or City of Globe

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 103

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 193

Local Registrar's No. .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Carlos Guerna

{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	and	Number; in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Sept 14 1912 (Month) (Day) (Yr.)

FAHTER		MOTHER	
Full Name	Carlos Guerna	Full Maiden Name	Manuela Granado
Residence	Globe	Residence	Globe
Color or Race	Italian	Color or Race	Mexican
Age at last Birthday (Years)	25	Age at last Birthday (Years)	22
Birthplace	Italy	Birthplace	Chihuahua, Mex
Occupation	Miner	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 14 1912, at 9 P M

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

(Signature) Paul Gallagher
(Attending physician, midwife, householder,*)

Given or christian name added from a supplemental report ..... 191.....

Address Globe, Ariz

Filed 10/16 1912 — B G Fox, LOCAL REGISTRAR.

371-914-476 — COUNTY REGISTRAR.

Filed Nov 5 1912 — B G Fox M D, COUNTY REGISTRAR.