

4907

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of age, sex, 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 Eslohe
Town or City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 94

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 198

Local Registrar's No. _____

(No. Armer St. _____ Ward _____)

FULL NAME OF CHILD Armer } Born } YES
} Alive } ~~NO~~

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

Sex of Child Male } and } Number in order of birth } Legiti- mate? Yes } Date of Birth Oct 7 1912
Twin, Triplet or other } } } } } (Month) (Day) (yr.)

FATHER
Full Name Josh O. Armer
Residence Globe
Color or Race White Age at last Birthday 47 (Years)
Birthplace Oregon
Occupation Cattleman

MOTHER
Full Maiden Name Katherine Malone
Residence Globe, Ariz
Color or Race White Age at last Birthday 27 (Yrs)
Birthplace Penna
Occupation Housewife

Number of child of this mother 3 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmic neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 7 1912, at 9 A.M. 10:30
(Signature) [Signature]
(Attending physician, midwife, householder*)

Given or christian name added from a _____ Address _____

supplemental report _____ 191____
Filed Oct 3 1912 B G Jot LOCAL REGISTRAR.
Filed Oct 5 1912 A True Copy B G Jot M W COUNTY REGISTRAR.

019-1002-245
COUNTY REGISTRAR.