1922

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 106

Co. Register No. 207

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of Globe

Town of .....

or

City of Globe

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

FULL NAME OF CHILD ..... Born / Alive YES ~~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
F		3	Yes	Oct 12 1912 (Month) (Day) (Yr.)

FAHTER		MOTHER	
Full Name	U. W. Hammonds	Full Maiden Name	Josephine Wog
Residence	Globe Ariz 365 So First	Residence	Globe
Color or Race	W — Age at last Birthday 35 (Years)	Color or Race	W — Age at last Birthday 25 (Years)
Birthplace	Texas	Birthplace	Calif
Occupation	Teamster	Occupation	Housewife

Number of child of this mother 3 | 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 Oct 12 1912, at 10 P M

(Signature) W. A. Holt
(Attending physician, ~~midwife, householder.~~*)

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

Address .....

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

Filed Oct 16 1912 — B. G. Fox, LOCAL REGISTRAR.

082-1012-167 — COUNTY REGISTRAR.

Filed Nov 5 1912 — B. G. Fox M.W., 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 the Local Registrar within 5 days after birth.