

1942

N. B. - In case of more than one child at a birth, a SEPARATE REPORT 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.

PLACE OF BIRTH  
County of Gila  
District of Globe  
Town of Globe  
or  
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index 120

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 216

Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD \_\_\_\_\_ } Born } YES  
 } Alive } 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 } Legitimate? g } Date of Birth 10 24 1912  
(Month) (Day) (yr.)

FATHER  
Full Name Alan Bujan  
Residence Globe Ariz.  
Color or Race W Age at last Birthday 27 (Years)  
Birthplace Austria  
Occupation Miner

MOTHER  
Full Maiden Name Kate Scander  
Residence Globe Ariz.  
Color or Race W Age at last Birthday 23 (Years)  
Birthplace Austria  
Occupation H. W.

Number of child of this mother 2 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on 10/24 1912, at 9 P.  
(Signature) G. E. Wickham  
(Attending physician, midwife, or householder.)

Given or christian name added from a \_\_\_\_\_  
Address Globe Ariz.

supplemental report \_\_\_\_\_ 191\_\_\_\_  
Filed Oct 29 1912 LOCAL REGISTRAR. B. S. J. J.  
Filed Nov 5 1912 A True Copy LOCAL REGISTRAR. B. S. J. J. W. H. O.  
COUNTY REGISTRAR. COUNTY REGISTRAR.