

9931

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

State Index No. 103
Co. Register No. 104
Local Registrar's No. _____

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

(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____ } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } ~~NO~~ } NO

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>y</u>	Date of Birth <u>5-10-1913</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Arnold Lines</u>			Full Maiden Name <u>Emily Bacon</u>		
Residence <u>South Globe</u>			Residence <u>South Globe</u>		
Color or Race <u>W</u>	Age at last Birthday <u>32</u> (Years)		Color or Race <u>W</u>	Age at last Birthday <u>33</u> (Years)	
Birthplace <u>England</u>			Birthplace <u>England</u>		
Occupation <u>Machinist</u>			Occupation <u>H. W.</u>		
Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>3</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 5/10/1913 at 4 M.

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

(Signature) G. E. Weyburn
(Attending physician, midwife, householder.)*

Address Globe Ariz.

Given or christian name added from a _____

supplemental report _____ 191__

Filed May 15 1913 _____ B. G. Lear LOCAL REGISTRAR.
 Filed 6/5 1913 A True Copy _____ B. G. Lear M.D. COUNTY REGISTRAR.

032-510-545
COUNTY REGISTRAR.