

2348

IN ALL CASES OF MARRIAGE WITH ONE WIFE OR ONE HUSBAND, A SEPARATE AND VALID COPY MUST BE MADE FOR EACH. 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 Schu  
District of Globe  
Town of \_\_\_\_\_  
or  
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. State Index No. 98  
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 134  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Antone Swabkowski (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward) } Born } YES  
} Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.  
Sex of Child Male Twin, Triplet or other  and } Number in order of birth \_\_\_\_\_ Legitimate? Yes Date of Birth June 19 1913  
(Month) (Day) (Yr.)

FATHER  
Full Name Boleslaw Swabkowski  
Residence 357 Canal St  
Color or Race White Age at last Birthday 35 (Years)  
Birthplace Russia  
Occupation miner

MOTHER  
Full Maiden Name Dziewi Swabkowski  
Residence Same  
Color or Race White Age at last Birthday 27 (Years)  
Birthplace Russia  
Occupation Housewife

Number of child of this mother 7 Number of children, of this mother, now living 3 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 June 19 1913 at Globe, Ariz.  
(Signature) [Signature] (Attending physician, midwife, householder.)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_  
Address Globe, Ariz.

139-619-429  
COUNTY REGISTRAR.

Filed July 22 1913  
Filed July 5 1913

LOCAL REGISTRAR.  
COUNTY REGISTRAR.