

2349

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 Pima  
District of Globe  
Town of Miami  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 99

Co. Register No. 138

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

FULL NAME OF CHILD Le Moyne Wagner (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) } Born } YES

If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Female } and } Number in order of birth 1st } Legitimacy Yes } Date of Birth June 20 1913  
(Month) (Day) (yr.)

FATHER  
Full Name Albert C Wagner  
Residence Black Warrior  
Color or Race White Age at last Birthday 40 (Years)  
Birthplace U.S.  
Occupation General Foreman

MOTHER  
Full Maiden Name Matilda Wagner  
Residence Black Warrior  
Color or Race White Age at last Birthday 37 (Years)  
Birthplace U.S.  
Occupation Housewife

Number of child of this mother 4 Number of children, of this mother, now living 4 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 20 1913 at 3:29 P.M.

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

(Signature) Nelson D. Boynton  
(Attending physician, midwife, householder.)

Given or christian name added from a

Address Miami Ariz

supplemental report \_\_\_\_\_ 191\_\_

Filed 6/24 1913

B. G. Day  
LOCAL REGISTRAR.

369-620-469  
COUNTY REGISTRAR.

Filed 7/5 1913

A True Copy  
B. G. Day W. W.  
COUNTY REGISTRAR.