

2358

CERTIFICATE AMENDED
SEE NOTATION

105 ~~105~~

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Globe

BUREAU OF VITAL STATISTICS.

State Index No. _____

District of Globe

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 141

Town of _____

Child's name entered by signature

Local Registrar's No. _____

City of Globe

+ Child's Birth Date June 26 1913

St: _____ Ward) _____

FULL NAME OF CHILD Hope Adelaide SIGMON

Born } YES
Alive } ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female Twin, Triplet or other } and } Number in order of birth _____ Legitimate? yes Date of Birth June 26 1913
(Month) (Day) (yr.)

FATHER
Full Name Luther Martin Sigmon
Residence Globe - Ariz.
Color or Race White-American Age at last Birthday 27 (Years)
Birthplace N. Carolina
Occupation Miner

MOTHER
Full Maiden Name Adelaide Cardwell
Residence Globe
Color or Race White-Amer. Age at last Birthday 25 (Years)
Birthplace Kansas
Occupation house wife

Number of child of this mother 1 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 6/26 1913 at 2:00 AM.

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

(Signature) Bern C. Schell
(Attending physician, midwife, householder.)

Given or christian name added from a _____

Address _____

supplemental report _____ 191__

Filed July 1 1913

B. G. Jay
LOCAL REGISTRAR

825-626-133
COUNTY REGISTRAR.

Filed July 5 1913

A True Copy
B. G. Jay MD
COUNTY REGISTRAR.

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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.