

2174

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 Eslobo
Town of _____
or _____
City of Eslobo

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 79

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 284

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 Male Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate? yes Date of Birth 11 13 1913
(Month) (Day) (yr.)

FATHER
Full Name Wm Phillips
Residence Eslobo Ave
Color or Race Colored Age at last Birthday 44 (Years)
Birthplace Arkansas
Occupation Farmer

MOTHER
Full Maiden Name Bertrich Sykes
Residence _____
Color or Race Colored Age at last Birthday 32 (Years)
Birthplace Texas
Occupation W. W.

Number of child of this mother 1 Number of children, of this mother, now living 2 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 11/13 1913 at 7⁹ M.

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

(Signature) Dr. E. Wightman
(Attending physician, midwife, householder.)

Given or christian name added from a

Address Globe Arizona

supplemental report _____ 191__

Filed 11/16 1913

B. J. Jay
LOCAL REGISTRAR.

072-1113-722
COUNTY REGISTRAR.

Filed 12/5 1913

A True Copy B. J. Jay
COUNTY REGISTRAR.