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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 100 464

Co. Register No. 49

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of Globe

Town of .....

or

City of Globe

(No. ..... St; ..... ard)

FULL NAME OF CHILD Wm Barnard

Born / Alive — YES / ~~NO~~

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

Sex Ch.	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
M			2	yes	Feb 24 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	N E Barnard	Full Maiden Name	Olive Martin
Residence	N Globe	Residence	N Globe
Color or Race	White	Color or Race	White
Age at last Birthday	29 (Years)	Age at last Birthday	18 (Years)
Birthplace	Mo	Birthplace	Col
Occupation	Blacksmith	Occupation	Housewife

Number of child of this mother 2 | 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 Feb 24 1914, at 12 P. M.

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

(Signature) R D Kennedy
(Attending physician, midwife, householder.*)

Address Globe

Given or christian name added from a supplemental report ..... 191....

Filed 2/24 1914 — B. G. Fox, LOCAL REGISTRAR.

624-224-645
COUNTY REGISTRAR.

Filed 3/5 1914 — A True Copy B. G. Fox, COUNTY REGISTRAR.

... the number of each, in order of birth, stated. This certificate must be filed by the ... Midwife with each local Registrar within 5 days after birth.