4156

the 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 Gila

District of Globe

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 109

Co. Register No. 71

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	March 8 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Francisco Flores	Full Maiden Name	Dolores Lens
Residence	Globe	Residence	Globe
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	38 (Years)	Age at last Birthday	30 (Years)
Birthplace	Mexico	Birthplace	Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this mother 6th | Number of children, of this mother, now living 5 | 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 March 8 1914, at 6 10 A M.

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

(Signature) Ben C. Schnell

(Attending physician, midwife, householder.*)

Address Globe

Given or christian name added from a supplemental report 191

Filed 3/12 1914 B. G. Fox LOCAL REGISTRAR.

062-308-1132 COUNTY REGISTRAR.

Filed 4/6 1914 A True Copy B. G. Fox M.D. COUNTY REGISTRAR.