

4730

Use 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 Globe
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. 98
Co. Register No. 131
Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Jas. Green } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child M } Twin, Triplet or other } and } Number in order of birth 1 } Legitimate? yes } Date of Birth Apr 8 1914
(Month) (Day) (Yr.)

FATHER
Full Name J. J. Green
Residence E Globe
Color or Race White Age at last Birthday 28 (Years)
Birthplace Ark
Occupation Clerk

MOTHER
Full Maiden Name Mary Jones
Residence E Globe
Color or Race W Age at last Birthday 19 (Years)
Birthplace Ark
Occupation Housewife

Number of child of this mother... 1... Number of children, of this mother, now living... 1... 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 Apr 5 1914, at 24 M.
*When there is no attending physician or midwife, then the householder should make this return.

(Signature) P. D. Kennedy
(Attending physician, midwife, householder. *)
Address Globe

Given or christian name added from a supplemental report _____ 191__

Filed May 25 1914 B. G. Jay LOCAL REGISTRAR.
Filed May 25 1914 A True Copy B. G. Jay W. D. COUNTY REGISTRAR.

175-408-412
COUNTY REGISTRAR.