4757

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. 117

Co. Register No. 128

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Mariana Olsson

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 (Month) (Day) (Yr.)
Female	—		—	Yes	April 30 1914

FATHER	MOTHER
Full Name: Charles Olsson	Full Maiden Name: Ida Mary Risling
Residence: 777 High St	Residence: Same
Color or Race: White — Age at last Birthday: 42 (Years)	Color or Race: White — Age at last Birthday: 42 (Years)
Birthplace: Sweden	Birthplace: Sweden
Occupation: Miner	Occupation: Housewife

Number of child of this mother: 1 — Number of children, of this mother, now living: 6 — 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 April 30 1914, at 1 P. M.

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

(Signature) C. Stungeon

(Attending physician, midwife, householder.*)

Address

Given or christian name added from a supplemental report 191

Filed May 3 1914 — B. G. Fox, LOCAL REGISTRAR.

435-430-997

COUNTY REGISTRAR.

Filed May 5 1914 — A True Copy B. G. Fox M.D.

COUNTY REGISTRAR.