

2327

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 Esila
District of Globe
Town of _____
or Globe
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 5-1-3

Co. Register No. 140

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____ } Born } YES

If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male Twin, Triplet or other _____ } and } Number in order of birth _____ Legitimate? yes Date of Birth May 12 1914
(Month) (Day) (Yr.)

FATHER
Full Name John N. Self
Residence Globe
Color or Race White Age at last Birthday 38 (Years)
Birthplace Penn.
Occupation Oiler

MOTHER
Full Maiden Name Mary E. Stephens
Residence Globe
Color or Race White Age at last Birthday 28 (Years)
Birthplace Arizona
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 May 12 1914, at 5 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.)

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

Address Globe

Filed May 14 1914

B. G. Joy
LOCAL REGISTRAR.

026-512-527
COUNTY REGISTRAR.

Filed May 14 1914

A True Copy B. G. Joy M.D.
COUNTY REGISTRAR.