2343

CERTIFICATE AMENDED
SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

Name added by aff. of reg., son's birth cert, and NSLI insurance policy. (2-9-70 lmt)

PLACE OF BIRTH

County of Gila

District of Globe

Town of or City of Globe

State Index No. 138

Co. Register No. 155

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD WILLIAM JAY PORTER

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

Born / Alive: YES / ~~NO~~

Sex of Child: Male | Twin, Triplet or other ✓ and Number in order of birth ✓ | Legitimate? Yes | Date of Birth: May (Month) 23 (Day) 1914 (Yr.)

FATHER		MOTHER	
Full Name	Wm J. Porter	Full Maiden Name	Ella Louise Crawford
Residence	310 North St	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	38	Age at last Birthday (Years)	29
Birthplace	H. Worth, Texas	Birthplace	Portland, Oregon
Occupation	Shift Boss	Occupation	Miner

Number of child of this mother 3 | 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 May 23 1914, at 8 P M.

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

(Signature) C. J. Sturgeon
(Attending physician, ~~midwife, householder.~~*)

Given or christian name added from a supplemental report 191

Address

Filed May 26 1914 B. G. Fox
LOCAL REGISTRAR.

679-523-334
COUNTY REGISTRAR.

Filed May 20 1914 A True Copy B. G. Fox M.D.
COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth.