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N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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. 175

Local Registrar's No.

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Mary Keating

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
Female	✓		✓	Yes	June 10 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Steve Keating	Full Maiden Name	Katie Murphy
Residence	179 Globe St.	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	36 (Years)	Age at last Birthday	22 (Years)
Birthplace	Wadford Co, Ireland	Birthplace	Same
Occupation	Smelter	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 June 10 1914, at 1 P M.

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

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

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

Address .....

Filed June 15 1914 B. G. Fox
LOCAL REGISTRAR.

427-610-248
COUNTY REGISTRAR.

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