

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 Globe
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 113 ~~231~~

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 179

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Stell Born } 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 _____ } Legiti- mate? Yes } Date of Birth June 16 1914
(Month) (Day) (Yr.)

FATHER
Full Name Peter Doole
Residence No High
Color or Race White Age at last Birthday 38 (Years)
Birthplace Co. Wales
Occupation Miner

MOTHER
Full Maiden Name Maria Jane Meredith
Residence Pand
Color or Race White Age at last Birthday 32 (Years)
Birthplace Wales
Occupation Housewife

Number of child of this mother 3 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 16 1914, at 4:00 M.
{ *When there is no attending physi- }
{ cian or midwife, then the householder }
{ should make this return. }

(Signature) Ch. W. Sturgeon
(Attending physician, midwife, householder.)

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

Address _____

Filed June 19 1914

B. G. Jay
LOCAL REGISTRAR.

075-616-448
COUNTY REGISTRAR.

Filed July 1 1914

A True Copy B. G. Jay
COUNTY REGISTRAR.