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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 Ranger Sta (No. St; Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128 ~~898~~

Co. Register No. 191

Local Registrar's No.

FULL NAME OF CHILD Virginia Lee Kirby

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			1	yes	June 29 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	T. L. Kirby	Full Maiden Name	Ethel Coffman
Residence	Gila Co.	Residence	Gila Co.
Color or Race	white	Color or Race	White
Age at last Birthday	23 (Years)	Age at last Birthday	23 (Years)
Birthplace	Ariz.	Birthplace	Ind.
Occupation	forest Ranger	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 6-29 1914, at 11 A.M.

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

(Signature) C B Wiley

(Attending physician, ~~midwife, householder.~~*)

Given or christian name added from a supplemental report 191

Address

Filed June 29 1914 B. G. Fox LOCAL REGISTRAR.

528-629-525 COUNTY REGISTRAR.

Filed July 1 1914 A True Copy B. G. Fox M.D. COUNTY REGISTRAR.