

7111

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 State Index No. ~~704~~
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 204

106

(No. 532 N Willow St; Third Ward)

FULL NAME OF CHILD Mary Alice Leach } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Female Twin, Triplet or other } and } Number in order of birth } Legitimate? Yes Date of Birth July 12th 1914
(Month) (Day) (Yr.)

FATHER
Full Name John Morgan Leach
Residence Globe Arizona
Color or Race White 44 (Years)
Birthplace York County S.C.
Occupation Merchandise business

MOTHER
Full Maiden Name Alice Murren
Residence Globe Arizona
Color or Race White Age at last Birthday 40 (Years)
Birthplace Union County S.C.
Occupation House Wife

Number of child of this mother... 2 Number of children, of this mother, now living... 2 Were precautions taken against Ophthalmia neonatorum?.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 12th 1914, at 7:25 P.M.
{ *When there is no attending physician or midwife, the householder should make the report } (Signature) A. K. Shaw (Attending physician, midwife, householder*)

Given or ~~changed~~ name added from a supplemental report... 438-712-149 Address.....

Filed July 15 1914 LOCAL REGISTRAR. B. G. J. J. J.
Filed July 22 1914 A True Copy B. G. J. J. J. COUNTY REGISTRAR.