4252

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 117 ~~[illegible]~~

Co. Register No. 235

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of Globe

Town of .....
or
City of Globe

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

FULL NAME OF CHILD Arnold Douglas Sanders

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
Male	✓		✓	Yes	Aug 6 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	M. R. Sanders	Full Maiden Name	Cora Wood
Residence	118 N. East St	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	27 (Years)	Age at last Birthday	21 (Years)
Birthplace	Texas	Birthplace	Deming, N. Mexico
Occupation	Cattleman	Occupation	Housewife

Number of child of this mother 2 | 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 Aug 6 1914, at 2 P M.

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

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

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

Address .....

Filed Aug 10 1914 B. G. Fox
LOCAL REGISTRAR.

122-806-364
COUNTY REGISTRAR.

Filed Aug 16 1914 A True Copy B. G. Fox MD
COUNTY REGISTRAR.

... 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.