

4272

Use number or each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 6 days after birth.

PLACE OF BIRTH

County of Globe
District of Globe
Town of Globe
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index 125

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 247

Local Registrar's No. _____

FULL NAME OF CHILD Julia Ann Nash { 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 Aug 14 1914
(Month) (Day) (Yr.)

FATHER
Full Name Louis Nash
Residence Miami Ariz.
Color or Race American Age at last Birthday 24 (Years)
Birthplace Arizona
Occupation Laborer

MOTHER
Full Maiden Name Louis Thompson
Residence Globe Ariz.
Color or Race American Age at last Birthday 22 (Years)
Birthplace Globe Ariz.
Occupation Housewife

Number of child of this mother... 7 Number of children, of this mother, now living... 8 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 14 1914, at 10 A.M.
{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) T.H. Haughey
(Attending physician, midwife, householder. *)

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

Address Miami Ariz.

158-814-335
COUNTY REGISTRAR.

Filed Aug 15 1914

B.G. Fox
LOCAL REGISTRAR.

Filed Sept 1 1914

A True Copy B.G. Fox W.D.
COUNTY REGISTRAR.