

4285

Midwife with each local Registrar within 5 days after birth. This certificate must be filed by the attending Physician or

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Gila State Index No. 134
 District of Globe Co. Register No. 253
 Town of _____ Local Registrar's No. _____
 or _____
 City of Globe (No. _____ St; _____ Ward)

PLACE OF BIRTH

FULL NAME OF CHILD _____ } 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 _____ Legitimate Yes Date of Birth Aug 17 1914
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name <u>Edward C. Haines</u>	Full Maiden Name <u>Eliza Aguirre</u>	Residence <u>Globe</u>	Residence <u>Globe</u>
Color or Race <u>Mexican</u>	Age at last Birthday <u>23</u> (Years)	Color or Race <u>Mexican</u>	Age at last Birthday <u>19</u> (Years)
Birthplace <u>Arizona</u>	Occupation <u>Laborer</u>	Birthplace <u>Arizona</u>	Occupation <u>Housewife</u>

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 Aug 17 1914, at 10³⁰ A.M.

{ *When there is no attending physician or midwife, then the householder should make this return. (Signature) Ben C. Schnell
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____
 Address Globe

Filed Aug 20 1914 LOCAL REGISTRAR. [Signature]
 Filed Sept 1 1914 A True Copy [Signature] COUNTY REGISTRAR.

082-217-515
 COUNTY REGISTRAR.