

4827

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 Yuma
District of Globe
Town of _____
or Globe
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 114 882
Co. Register No. 288
Local Registrar's No. _____

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

Sex of Child M } and } Number in order of birth 2 } Legiti- mate? yo } Date of Birth Sept-9 1914
(Month) (Day) (Yr.)

FATHER
Full Name Hugh Larson
Residence E Globe
Color or Race W Age at last Birthday 33 (Years)
Birthplace N. M.
Occupation State Cattle inspector

MOTHER
Full Maiden Name Francis Gates
Residence E Globe
Color or Race W Age at last Birthday 22 (Years)
Birthplace Cal
Occupation Housewife

Number of child of this mother... 4 Number of children, of this mother, now living... 2 Were precautions taken against Ophthalmia neonatorum? yo

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 7 1914, at 11 P. M.

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

(Signature) A. D. [unclear]
(Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report _____ 1914

Address Globe

Filed Sep 10 1914

W. S. Jay
LOCAL REGISTRAR.

135-909-672
COUNTY REGISTRAR.

Filed Oct 1 1914

A True Copy B. S. [unclear]
COUNTY REGISTRAR.