

2294

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Cochise

BUREAU OF VITAL STATISTICS  
*Name Added by Supplement*  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 30  
Co. Register No. 706

District of .....

Town of .....

Local Registrar's No. ....

or  
City of Bisbee

(No. Higgins Hill St: ..... Ward)

FULL NAME OF CHILD Benjamin Dawson Cooley Jr. } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of Child Male ~~Twin, Triplet or other~~ } and } Number in order of birth 2 Legitimate? yes Date of Birth Oct. 17 1914  
(Month) (Day) (Yr.)

FATHER  
Full Name Ben Dawson Cooley  
Residence Bisbee  
Color or Race White Age at last Birthday 36 (Years)  
Birthplace Mo.  
Occupation Druggist

MOTHER  
Full Maiden Name Marie A. Pigstad  
Residence Bisbee  
Color or Race White Age at last Birthday 30 (Years)  
Birthplace Nech  
Occupation Housewife

Number of child of this mother... 2 Number of children, of this mother, now living... 2 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 10/17 1914, at 4 u. M.  
{ \*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. Z. Forsberg M.D.  
(Attending physician, midwife, householder. \*)

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

Filed Nov 15 1914

R. G. Stauden  
LOCAL REGISTRAR.

238-1017-494  
COUNTY REGISTRAR.

Filed 11/16 1914

A True Copy  
C. A. Hunt  
COUNTY REGISTRAR.