2373

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

County of Gila

District of Globe

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 90

Co. Register No. 332

Local Registrar's No.

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

FULL NAME OF CHILD Francis Edwin Wamsley { Born Alive } YES NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Female	—		✓	Yes	Oct 8 1914

FATHER		MOTHER	
Full Name	Joseph Alexis Wamsley	Full Maiden Name	Fanny Leah Patton
Residence	219 E. Oak	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	34 (Years)	Age at last Birthday	28 (Years)
Birthplace	Lexington, Mo	Birthplace	Globe, Ariz
Occupation	Clerk	Occupation	Housewife

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 Oct 8 1914, at 11:09 M.

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

(Signature) C J Sturgeon

(Attending physician, ~~midwife, householder.*~~)

Address

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

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

668-1008-675 COUNTY REGISTRAR.

Filed Nov 5 1914 A True Copy B. G. Fox COUNTY REGISTRAR.