2381

N. B.—In case of more than one child at a birth, a SEPARATE REPORT must be made for each, and 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. 98

Co. Register No. 335

Local Registrar's No. .....

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

FULL NAME OF CHILD Katherine Samuel Woods

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Female	✓		✓	Yes	Oct 16 1914

FATHER		MOTHER	
Full Name	James Woods	Full Maiden Name	Kate Sheets
Residence	No 10 N. Broad St	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	51	Age at last Birthday (Years)	41
Birthplace	Howard Co Mo	Birthplace	Cedar Co. Mo
Occupation	Teamster	Occupation	Housewife

Number of child of this mother 7 | Number of children, of this mother, now living 6 | 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 16 1914, at 8 9 M.

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

(Signature) C J Sturgeon
(Attending physician, ~~midwife, householder.*~~)

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

Address .....

Filed Oct 20 1914 B G Fox
LOCAL REGISTRAR.

262-1016-222
COUNTY REGISTRAR.

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