2384

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. 101

Co. Register No. 337

Local Registrar's No. .....

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

FULL NAME OF CHILD Florence Lilian Edwards

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
Female	✓		✓	Yes	Oct 19 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Wm Sebird Edwards	Full Maiden Name	Myrtle Lilian Goldsworthy
Residence	Kinney Park	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	28 (Years)	Age at last Birthday	23 (Years)
Birthplace	Seven Rivers, N. Mexico	Birthplace	Allouez, Mich.
Occupation	Bartender	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 Oct 19 1914, at 7 30 P M.

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

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

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

Address .....

Filed Oct 22 1914 — B G Fox, LOCAL REGISTRAR.

652-1019-478
COUNTY REGISTRAR.

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