2390

N. B.—In case of more than one child at a birth, a SEPARATE RETURN 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. 107

Co. Register No. 341

Local Registrar's No. .....

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

FULL NAME OF CHILD George Armer

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 |
|---|---|---|---|---|---|
| Male | ✓ | | ✓ | Yes | Oct 28 1914 (Month) (Day) (Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Thomas Joseph Armer | Full Maiden Name | Katherine Malone |
| Residence | Parker St | Residence | Same |
| Color or Race | White | Color or Race | White |
| Age at last Birthday | 43 (Years) | Age at last Birthday | 31 (Years) |
| Birthplace | Oregon | Birthplace | Philadelphia, Penn |
| Occupation | Cattle Raiser | Occupation | Housewife |

Number of child of this mother 4 | 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 28 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 Nov 1 1914 B. G. Fox
LOCAL REGISTRAR.

719-1028-245
COUNTY REGISTRAR.

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