

2391

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. **108**
Co. Register No. **342**

PLACE OF BIRTH
County of Gila
District of Globe
Town of Globe
or Globe
City of Globe (No. _____ St; _____ Ward)

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Sydney Kavanaugh Corp } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Oct 28 1914</u> (Month) (Day) (Yr.)
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FATHER		MOTHER	
Full Name <u>Clifford Corp</u>	Residence <u>Globe</u>	Full Maiden Name <u>Susan Kavanaugh</u>	Residence <u>Globe</u>
Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)
Birthplace <u>Kansas</u>	Occupation <u>Braughtsman</u>	Birthplace <u>Kentucky</u>	Occupation <u>Housewife</u>

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. 28 1914, at 4:00 P.M.

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

(Signature) B. C. Schnell
(Attending physician, midwife, householder*)

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

Address Globe

Filed Nov 1 1914 LOCAL REGISTRAR. B. G. Gray

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

237-1028-228
COUNTY REGISTRAR.