

2394

IN CASE OF MARRIAGE OR OTHER CHANGE OF NAME, THE NUMBER OF EACH CHILD 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. **111**
Co. Register No. **344**
Local Registrar's No. _____

PLACE OF BIRTH
County Gila
District of Globe
Town of Globe
City of Globe St. _____ Ward _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Marie Louise Andrews } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of Child <u>M</u>	Twin, Triplet or other	and	Number in order of birth <u>1</u>	Legitimate? <u>Y</u>	Date of Birth <u>Oct 31 1914</u> (Month) (Day) (Yr.)
Full Name <u>FATHER</u> <u>Robert C. Andrews</u>			Full Maiden Name <u>MOTHER</u> <u>Elizabeth Andrews</u>		
Residence <u>Globe</u>			Residence <u>Globe</u>		
Color or Race <u>W</u>	Age at last Birthday <u>51</u> (Years)			Color or Race <u>W</u>	Age at last Birthday <u>79</u> (Years)
Birthplace <u>NY</u>			Birthplace <u>Ill</u>		
Occupation <u>Clerk</u>			Occupation <u>Housewife</u>		
Number of child of this mother... <u>1</u>		Number of children, of this mother, now living... <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 31 1914 at 10 A M.
(*When there is no attending physician or midwife, then the householder should make this return.)

(Signature) [Signature]
(Attending physician, midwife, householder.*)

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

Filed Nov 3 1914 B. G. J. at
LOCAL REGISTRAR.

412-1031-525
COUNTY REGISTRAR.

Filed Nov 5 1914 B. G. J. at
COUNTY REGISTRAR.

A True Copy