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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. ~~452~~

Co. Register No. 371

Local Registrar's No. 1

PLACE OF BIRTH

County of Gila

District of Globe

Town of or City of Globe

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

FULL NAME OF CHILD Still Born

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	Nov 9 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Barney Rice	Full Maiden Name	Marguerite Rice
Residence	Broad St	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	(Years)	Age at last Birthday	(Years)
Birthplace	Ireland	Birthplace	Ireland
Occupation	Miner	Occupation	Housewife

Number of child of this mother 4 | Number of children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Nov 9 1914, at 9 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 Jan 2 1914 — B. G. Fox, LOCAL REGISTRAR.

095-1109-495
COUNTY REGISTRAR.

Filed Jan 5 1915 — A True Copy — B. G. Fox, COUNTY REGISTRAR.

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.