

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each 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 Sila
 District of Globe
 Town of Globe
 or
 City of _____ (No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112
 Co. Register No. 364
 Local Registrar's No. _____

FULL NAME OF CHILD _____

If child is not named, make Supplemental Report on blank obtainable from local registrar. Born } YES
Alive } NO

Sex of Child	M.	Twin, Triplet or other	and	Number in order of birth	2	Legitimate?	Yes	Date of Birth	Nov. 19	1914	
								(Month)	(Day)	(Yr.)	
FATHER						MOTHER					
Full Name	Wm. John Symons					Full Maiden Name	Caroline Ann Laity				
Residence	Mesquite St. Globe					Residence	Globe				
Color or Race	W.	Age at last Birthday	30			Color or Race	W.	Age at last Birthday	28		
		(Years)						(Years)			
Birthplace	England					Birthplace	Eng.				
Occupation	Miner					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 Nov 19 1914, at 11 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 _____

Filed Nov 21 1914 B. G. Jay
 LOCAL REGISTRAR.

Filed Dec 6 1914 A True Copy B. G. Jay
 COUNTY REGISTRAR.

022-1119-338
 COUNTY REGISTRAR.