

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 Yuma
 District of Globe
 Town of _____
 or _____
 City of Globe (No. _____ St: _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 113-165
 Co. Register No. 365
 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 Female Twin, Triplet or other _____ and Number in order of birth 1 Legitimate? yes Date of Birth Nov 21 1914
 (Month) (Day) (Yr.)

FATHER

Full Name Samuel Garcia
 Residence Globe, Ariz.
 Color or Race White Age at last Birthday 35 (Years)
 Birthplace Lancashire, Eng.
 Occupation Ship-tender in mine

MOTHER

Full Maiden Name Beatrice Passall
 Residence Globe, Ariz.
 Color or Race White Age at last Birthday 22 (Years)
 Birthplace Newportalt Eng.
 Occupation Housewife

Number of child of this mother.../.... Number of children, of this mother, now living.../.... 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 21, 1914, at 540 P. M.

{ *When there is no attending physician or midwife, then the householder should make this return. (Signature) P. Furness M.D.
 (Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report191.... Address Globe, Ariz.

Filed Nov 24 1914 B. G. Joy LOCAL REGISTRAR.
 Filed Nov 5 1914 A True Copy B. G. Joy COUNTY REGISTRAR.

075-1121-273
 COUNTY REGISTRAR.