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N. B.—In case of more than one child at a birth, a separate blank must be made for each. 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 Gila

District of Globe

Town of Globe
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121 ~~173~~

Co. Register No. 368

Local Registrar's No.

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

FULL NAME OF CHILD ..... Born Alive: NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
M			5th	Yes	11/28/1914

FATHER

Full Name: Mike Schully

Residence: Globe

Color or Race: W. Age at last Birthday: 27 (Years)

Birthplace: Austria

Occupation: Miner

MOTHER

Full Maiden Name: Katie Sneller

Residence: Globe

Color or Race: W Age at last Birthday: 28 (Years)

Birthplace: Austria

Occupation: Housewife

Number of child of this mother: 5

Number of children, of this mother, now living: 3

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 28 1914, at 7.30 P. M.

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

(Signature) W. A. Hale
(Attending physician, ~~midwife, householder.*~~)

Address

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

Filed Dec 1 1914 B. G. Fox
LOCAL REGISTRAR.

029-1128-229
COUNTY REGISTRAR.

Filed Dec 25 1914 A True Copy B. G. Fox
COUNTY REGISTRAR.