660

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 89 ~~[illegible]~~

Co. Register No. 381

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Globe

Town of or City of Globe

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

FULL NAME OF CHILD Hector Foster

Born Alive YES ~~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
Male	✓		✓	Yes	Dec 10 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Thomas M. Foster	Full Maiden Name	Emma Haines
Residence	158 Mesquite	Residence	Same
Color or Race	Mexican	Color or Race	Same
Age at last Birthday	47 (Years)	Age at last Birthday	23 (Years)
Birthplace	Tuscon, Ariz.	Birthplace	Same
Occupation	Clerk	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 Dec. 10 1914, at 12 15 P.M.

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

(Signature) C. J. Sturgeon
(Attending physician, ~~midwife~~ householder.*)

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

Address .....

Filed Dec 12 1914 B. G. Fox LOCAL REGISTRAR.

879-1210-582 COUNTY REGISTRAR.

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

Midwife with each local Registrar within 5 days after birth.