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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 Esch
District of Globe
Town of _____
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 95 832
Co. Register No. 385
Local Registrar's No. _____

FULL NAME OF CHILD Russell Almon Gilmore Lacey } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth 1 } Legitimacy yes } Date of Birth Dec. 14, 1914
(Month) (Day) (Yr.)

FATHER
Full Name Jesse G. Lacey
Residence Globe, Ariz.
Color or Race White Age at last Birthday 19 (Years)
Birthplace White Oaks, New Mexico.
Occupation Miner

MOTHER
Full Maiden Name Gussitie Amsden
Residence Globe, Ariz.
Color or Race White Age at last Birthday 18 (Years)
Birthplace White Oaks, New Mexico.
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. 14 1914, at 7.15 P. 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 _____

938-1211-715
COUNTY REGISTRAR.

Filed Dec 17 1914 [Signature] LOCAL REGISTRAR.
Filed Jan 5 1915 True Copy [Signature] COUNTY REGISTRAR.