

689

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 _____
or _____
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 110
Co. Register No. 299
Local Registrar's No. _____

FULL NAME OF CHILD Maria Constantina French } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of Child Female } and } Number in order of birth 3rd } Legitimate? Yes } Date of Birth Dec 28 1914
Twin, Triplet or other _____ } _____ } _____ } _____ } (Month) (Day) (Yr.)

FATHER
Full Name Alfred Paul French
Residence Globe
Color or Race White Age at last Birthday 47 (Years)
Birthplace San Jose, Cal.
Occupation Carpenter

MOTHER
Full Maiden Name Maria Antonia Legaspi
Residence Globe
Color or Race Mexican Age at last Birthday 35 (Years)
Birthplace Saja California, Mexico
Occupation Housewife

Number of child of this mother... 3... Number of children, of this mother, now living... 3... 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 28 1914, at 2:15 P.M.

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

(Signature) Chas. M. D.
(Attending physician, midwife, householder.*)

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

Address Globe, Ariz.

Filed Jan 1 1915

Bill Jay
LOCAL REGISTRAR.

468-1228-1431
COUNTY REGISTRAR.

Filed Jan 5 1915

▲ True Copy Bill Jay
COUNTY REGISTRAR.