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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 Yuma
 District of Globe
 Town of _____
 or Globe
 City of _____

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

State Index No. 113
 Co. Register No. 402
 Local Registrar's No. _____

FULL NAME OF CHILD Vivian Wyant
 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	Other	and	Number in order of birth	1	Legitimate? yes	Date of Birth	Dec. 30, 1914
FATHER					MOTHER				
Full Name	Chester Wyant				Full Maiden Name	Mona Gallego			
Residence	Globe, Ariz.				Residence	Globe, Ariz.			
Color or Race	White	Age at last Birthday	30	(Years)	Color or Race	Mexican	Age at last Birthday	23	(Years)
Birthplace	Kansas				Birthplace	Globe, Ariz.			
Occupation	Butcher				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. 30, 1914, at 5:40 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 _____

Filed Jaw 2 1915 _____ LOCAL REGISTRAR.
5013-1220-436 COUNTY REGISTRAR. Filed Jaw 5 1915 _____ COUNTY REGISTRAR.