1241

the number of each, in order of birth, stated. 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. 103

Co. Register No. 5

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Sadie Halley

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

Born / Alive — YES / ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
4					1 2 1915

FATHER		MOTHER	
Full Name	Steve Halley	Full Maiden Name	Jane Moore
Residence	S. Broad	Residence	E. Globe
Color or Race	W	Color or Race	W
Age at last Birthday (Years)	32	Age at last Birthday (Years)	25
Birthplace	Turkey	Birthplace	Turkey
Occupation	Merchant	Occupation	H. W.

Number of child of this mother 4 | Number of children, of this mother, now living 0 | Were precautions taken against Ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 1/2 1915, at 10 A.M.

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

(Signature) G. E. Wyllie

(Attending physician, ~~midwife, householder.~~*)

Given or christian name added from a supplemental report 191

Address

Filed Jan 8 1916 B. G. Fox LOCAL REGISTRAR.

Filed Feb 5 1916 A True Copy B. G. Fox COUNTY REGISTRAR.

COUNTY REGISTRAR.