

1266

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 _____
Town of Globe
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS State Index No. 122
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 21

Local Registrar's No. _____
(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____ } 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 13 } Date of Birth 1 30 1915
(Month) (Day) (Yr.)

FATHER
Full Name Wm Brown
Residence _____
Color or Race _____ Age at last Birthday _____ (Years)
Birthplace _____
Occupation _____

MOTHER
Full Maiden Name Catherine Bramham
Residence Globe - Ariz.
Color or Race white Age at last Birthday 41 (Years)
Birthplace Mich
Occupation Housewife

Number of child of this mother 13 Number of children, of this mother, now living 11 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 1-30 1915, at 11 P.M.

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

(Signature) C. B. Wiley
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 1915

Address Globe Ariz.

Filed Feb 5 1915 B. S. Jay LOCAL REGISTRAR.

Filed Feb 5 1915 A True Copy B. S. Jay COUNTY REGISTRAR.

COUNTY REGISTRAR.

COUNTY REGISTRAR.