

1824

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, 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 Esila
District of Esilobu
Town of _____
or
City of Esilobu

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 114 State Index No. 484
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 31

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

FULL NAME OF CHILD Gin Hing Yien } 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 } Legitimate? Yes } Date of Birth 2 5 1915
(Month) (Day) (Yr.)

FATHER
Full Name Gin Ah Quong
Residence Globe Arizona
Color or Race Chinese Age at last Birthday 54 (Years)
Birthplace Canton China
Occupation Merchant

MOTHER
Full Maiden Name Lee Kim Leo
Residence Globe Arizona
Color or Race Chinese Age at last Birthday 19 (Years)
Birthplace Canton China
Occupation House wife

Number of child of this mother... 1 Number of children, of this mother, now living... 1 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 2/5 1915, at 7 A. M.

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

(Signature) G. E. Wightman
(Attending physician, midwife, householder.)*

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

Address Globe Arizona

Filed Feb 10 1915

B. G. Jay
LOCAL REGISTRAR.

Filed Mar 5 1915 A True Copy

B. G. Jay
COUNTY REGISTRAR.

COUNTY REGISTRAR.

cert copy provided