

N. B.—In case of more than one child at a birth, a separate 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 **ARIZONA STATE BOARD OF HEALTH**
 District of Globe **BUREAU OF VITAL STATISTICS 119 State Index No. 489**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 34

Town of _____ Local Registrar's No. _____
 or _____
 City of Globe (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Gertrude May Smith } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child M { Twin, Triplet or other _____ } and { Number in order of birth 3 } Legitimate? yes } Date of Birth Feb 6 1915
 (Month) (Day) (Yr.)

FATHER

Full Name A W Smith
 Residence N. Globe
 Color or Race W Age at last Birthday 32 (Years)
 Birthplace Ill
 Occupation Miner

MOTHER

Full Maiden Name Gertrude Lowell
 Residence N. Globe
 Color or Race W Age at last Birthday 32 (Years)
 Birthplace N. M.
 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 Feb 6 1915, at 9 P. M.,
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) R. J. J. J. (Attending physician, midwife, householder)

Given or christian name added from a _____ Address _____
 supplemental report _____ 191_____
 Filed July 10 1915 R. J. J. J. LOCAL REGISTRAR.
 Filed Mar 5 1915 A True Copy R. J. J. J. COUNTY REGISTRAR.

COUNTY REGISTRAR.