

1855

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 Gila
District of Globe
Town of _____
or _____
City of Globe

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS **138** State Index No. **507**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 78
Local Registrar's No. _____

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

Sex of Child	Male	Twin, Triplet or other	Other	and	Number in order of birth	Legitimate? yes	Date of Birth	Febr 27, 1915	(Month) (Day) (Yr.)
FATHER					MOTHER				
Full Name	<u>James R. Likens</u>				Full Maiden Name	<u>Hanna R. McCaffery</u>			
Residence	<u>Globe, Ariz.</u>				Residence	<u>Globe, Ariz.</u>			
Color or Race	<u>White</u>	Age at last Birthday	<u>25</u>	(Years)	Color or Race	<u>White</u>	Age at last Birthday	<u>26</u>	(Years)
Birthplace	<u>Philadelphia, Pa.</u>				Birthplace	<u>Jeddo, Pa.</u>			
Occupation	<u>Machinist</u>				Occupation	<u>Housewife</u>			

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 Febr 27, 1915, at 5.10 P.
{ *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 Apr 17 1915 B. G. Jay LOCAL REGISTRAR.
Filed May 1 1915 B. G. Jay COUNTY REGISTRAR.

COUNTY REGISTRAR.,