

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 Globe
District of Globe
Town of Globe
or Globe
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS State Index 102
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 97
Local Registrar's No. _____
(No. 60 Hospital St: _____ Ward)

FULL NAME OF CHILD not named } Born } YES
If child is not named, make Supplemental Report on blank ob- } Alive } NO

Sex of Child Female Twin, Triplet or other } and } Number in order of birth } Date of Birth April 18 1915
(Month) (Day) (Yr.)
Full Name Will Sumwalt FATHER Full Maiden Name Edith Ethel Collins MOTHER
Residence Deceased Residence Globe
Color or Race White Age at last Birthday 21 Color or Race White Age at last Birthday 20
(Years) (Years) Birthplace new Mexico Birthplace New Mexico
Occupation _____ Occupation Domestic

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 April 18 1915, at 11:45 P.M.
{ *When there is no attending physi- }
{ cian or midwife, then the householder }
{ should make this return. }
(Signature) B. S. Fox
(Attending physician, midwife, householder. *)
Given or christian name added from a supplemental report _____ 191____
Address Globe
Filed Apr 20 1915 LOCAL REGISTRAR.
Filed May 5 1915 A True Copy B. S. Fox COUNTY REGISTRAR.

023-418-532
COUNTY REGISTRAR.