

Midwife with each local Registrar within 5 days after birth. This certificate must be filed by the attending Physician or

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 132 State Index No. 470
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 111
 Local Registrar's No. _____

PLACE OF BIRTH
 County of Sala
 District of Globe
 Town of _____
 or _____
 City of Globe (No. _____ St; _____ Ward)

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

Sex of Child <u>Male</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth _____	Legitimate mate? <u>Yes</u>	Date of Birth <u>May 5</u> 191 <u>5</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Wm Bennett</u>			Full Maiden Name <u>Ella Rosa Coughlin</u>		
Residence <u>Kenning Park</u>			Residence <u>Same</u>		
Color or Race <u>White</u> Age at last Birthday <u>28</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>22</u> (Years)		
Birthplace <u>Owensboro, Kent.</u>			Birthplace <u>Clifton, Ariz.</u>		
Occupation <u>Soda Pop Worker</u>			Occupation <u>Housewife</u>		

Number of child of this mother... 2 Number of children, of this mother, now living... 2 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 May 5 1915, at 12:25 P. M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) C. J. Sturgeon
 (Attending physician, midwife, householder *)

Given or christian name added from a supplemental report _____ 191____ Address _____

Filed May 10 1915 B. G. Jay
 COUNTY REGISTRAR. LOCAL REGISTRAR.

Filed June 5 1915 B. G. Jay
 COUNTY REGISTRAR. COUNTY REGISTRAR.

*True Copy

623-505-535
COUNTY REGISTRAR.