

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 _____
 or _____
 City of Globe (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **134** State Index No. **472**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 114
 Local Registrar's No. _____

FULL NAME OF CHILD Floyd Young } 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	Other	and	Number in order of birth	1	Legitimate?	yes	Date of Birth	May	8	1915
									(Month)	(Day)	(Yr.)	
FATHER				MOTHER								
Full Name				Full Maiden Name								
<u>Charles R. Young</u>				<u>Cora Bohrn</u>								
Residence				Residence								
<u>Globe, Ariz.</u>				<u>Globe, Ariz.</u>								
Color or Race		Age at last Birthday		Color or Race		Age at last Birthday						
<u>White</u>		<u>35</u>		<u>White</u>		<u>31</u>						
(Years)		(Years)		(Years)		(Years)						
Birthplace				Birthplace								
<u>Missouri</u>				<u>Missouri</u>								
Occupation				Occupation								
<u>Teamster</u>				<u>Housewife</u>								
Number of child of this mother			Number of children, of this mother, now living			Were precautions taken against Ophthalmia neonatorum?						
<u>5</u>			<u>5</u>			<u>YES</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 8th 1915, at 10 P.M.
 (*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 May 10 1915 B. G. Fox LOCAL REGISTRAR.
687-504-325 Filed June 5 1916 B. G. Fox COUNTY REGISTRAR.
 COUNTY REGISTRAR.