1290

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 117 State Index No. 838

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 143

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD ~~Charles~~ Herman Wm Fitzpatrick

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born YES / Alive ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	June 9 1915 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Wm Leonard Fitzpatrick	Full Maiden Name	Laura Huntley
Residence	104 Globe St	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	43 (Years)	Age at last Birthday	33 (Years)
Birthplace	Lindsey, Ont. Canada	Birthplace	Allecon, Idaho,
Occupation	Iron-worker	Occupation	Housewife

Number of child of this mother 3 | Number of children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 9 1915, at 12:05 9 M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) O. J. Sturgeon
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address

Filed June 10 1915 B. G. Fox
LOCAL REGISTRAR.

Filed July 5 1915 A True Copy B. G. Fox
COUNTY REGISTRAR.

COUNTY REGISTRAR.