

1302

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 Yuma
District of Globe
Town of _____
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **125** State Index **846**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 152

Local Registrar's No. _____

(No. Near Globe St; _____ Ward)

FULL NAME OF CHILD Emmett Egbert Edwards Jr } 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 and Number in order of birth 1 Legitimate? Yes Date of Birth June 13 1915
(Month) (Day) (Yr.)

FATHER
Full Name Emmett Egbert Edward Dead
Residence Reed Plaster House
Color or Race White Age at last Birthday 22 (Years)
Birthplace Globe, Arizona
Occupation Dead

MOTHER
Full Maiden Name Neva Edith Reed
Residence Same
Color or Race White Age at last Birthday 19 (Years)
Birthplace Sos Angeles, Calif
Occupation Housewife

Number of child of this mother... 2 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 June 13 1915, at 4:30 M.
{ *When there is no attending physician or midwife, then the householder should make this return. (Signature) B. J. Fox
(Attending physician, midwife, householder.)

Given or christian name added from a supplemental report 191..... Address.....

Filed June 15 1915 B. J. Fox LOCAL REGISTRAR.

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

COUNTY REGISTRAR.