

1310

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 Selma
District of Globe
Town of _____
or _____
City of Globe

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS **131** State Index No. **852**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **158**
Local Registrar's No. _____
(No. _____ St; _____ Ward)

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

Sex of Child Male { Twin, First } and { Number in order of birth _____ } Legitimate? yes Date of Birth 6 21 1915 Still born
(Month) (Day) (Yr.)

FATHER
Full Name Percy R McDowell
Residence Globe
Color or Race White Age at last Birthday 31 (Years)
Birthplace Texas
Occupation Bookkeeper

MOTHER
Full Maiden Name Minnie E Billings
Residence Globe
Color or Race White Age at last Birthday 28 (Years)
Birthplace Texas
Occupation H.W.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 6 21 1915, at 11 P.

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

(Signature) H. E. Wylkma
(Attending physician, midwife, householder.)*

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

Address _____

Filed June 24 1915

B. J. Fox
LOCAL REGISTRAR.

Filed July 5 1915

A True Copy B. J. Fox
COUNTY REGISTRAR.

COUNTY REGISTRAR.