1903

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 103

Co. Register No. 174

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of Globe

Town of ..... or City of Globe

(No ..... St; ..... Ward)

FULL NAME OF CHILD Grace Melhan

Born Alive: YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
F			2	yes	July 5 1905

FATHER		MOTHER	
Full Name	C. P. Melhan	Full Maiden Name	Theodosia Howard
Residence	E Globe	Residence	E Globe
Color or Race	W	Color or Race	White
Age at last Birthday (Years)	29	Age at last Birthday (Years)	24
Birthplace	Mo	Birthplace	Ala.
Occupation	Painter	Occupation	Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 4 1905, at 10 P. M.

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

(Signature) G. D. Kennedy

(Attending physician, midwife, ~~householder.~~*)

Address Globe

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

Filed July 8 1905 B. G. Fox

LOCAL REGISTRAR.

Filed Aug 5 1905 A True Copy B. G. Fox

COUNTY REGISTRAR.

COUNTY REGISTRAR.

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.