

2363

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 **127** State Index No. **497**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **218**

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____ } 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 Aug 12 1915
(Month) (Day) (Yr.)

FATHER
Full Name Jadulo Chavis
Residence Martin Hill
Color or Race Mexican Age at last Birthday 30 (Years)
Birthplace Mexico
Occupation Smelterman

MOTHER
Full Maiden Name Margaret Mcgram
Residence Same
Color or Race Same Age at last Birthday 25 (Years)
Birthplace Mexico
Occupation Housewife

Number of child of this mother 6 Number of children, of this mother, now living 3 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 Aug 12 1915, at 8 M.
{ *When there is no attending physician or midwife, then the householder should make this return. (Signature) C. J. Durgeon
(Attending physician, midwife, householder*)

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

032-812-444
COUNTY REGISTRAR.

Filed Aug 16 1915 B. G. Fox
LOCAL REGISTRAR.

Filed Sept 4 1915 A True Copy B. G. Fox
COUNTY REGISTRAR.