2364

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 128 State Index No. 498

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 217

Local Registrar's No.

**PLACE OF BIRTH**

County of Gila

District of Globe

Town of or City of Globe

(No. Co Hospital St; Ward)

FULL NAME OF CHILD Mary Lee Woodson

Born Alive: YES ~~NO~~

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

Sex of Child F | Twin, Triplet or other | and | Number in order of birth 2 | Legitimate? yes | Date of Birth Aug 12 (Month) (Day) 1915 (Yr.)

**FATHER**

Full Name Pickens Evans Woodson

Residence Spring Creek

Color or Race W | Age at last Birthday 35 (Years)

Birthplace Tex

Occupation Merchant

**MOTHER**

Full Maiden Name Katheryn Cornish

Residence Spring Creek

Color or Race W | Age at last Birthday 25 (Years)

Birthplace Mass

Occupation Housewife

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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 2 a. M.

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

(Signature) R D Kennedy

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

Address Globe

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

Filed Aug 14 1915 B G Fox LOCAL REGISTRAR.

465-112-238 COUNTY REGISTRAR.

Filed Sep 4 1915 A True Copy B G Fox 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.