

2369

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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 Gila
 District of Globe
 Town of _____
 or _____
 City of Globe (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **132** State Index No. **501**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 238
 Local Registrar's No. _____

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

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate <u>yes</u>	Date of Birth <u>Aug 17</u> 191 <u>5</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>J.R. Mc Donough</u>			Full Maiden Name <u>Mary Fox</u>		
Residence <u>Globe</u>			Residence <u>same</u>		
Color or Race <u>White</u>		Age at last Birthday <u>50</u> (Years)		Color or Race <u>White</u>	
Birthplace <u>Penn.</u>		Age at last Birthday <u>31</u> (Years)		Birthplace <u>New Ireland</u>	
Occupation <u>miner</u>			Occupation <u>Housewife</u>		
Number of child of this mother... <u>2</u>		Number of children, of this mother, now living... <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 17 1915, at 10 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*)

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

Filed Sept 20 1915 R.G. Fox
 LOCAL REGISTRAR.
548-817-427 Filed Oct 5 1915 R.G. Fox
 A True Copy COUNTY REGISTRAR.