

2378

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 Globe
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **139** State Index No. **508**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 226
 Local Registrar's No. _____

FULL NAME OF CHILD Arnold Frank Melius } Born } **YES**
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } **NO**

Sex of Child Boy } Twin, Triplet or other } and } Number in order of birth _____ } Legitimate? Yes } Date of Birth Aug 21 1915
 (Month) (Day) (Yr.)

FATHER
 Full Name Arnold George Melius
 Residence 269 Cedar St
 Color or Race White Age at last Birthday 27 (Years)
 Birthplace Memphis, Tenn.
 Occupation Miner

MOTHER
 Full Maiden Name Emily Chartrand
 Residence Same
 Color or Race White Age at last Birthday 26 (Years)
 Birthplace Still Water, Minn.
 Occupation Housewife

Number of child of this mother... 1... Number of children, of this mother, now living... 1... 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 21 1915, at 4:30 M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) C. J. Sturgeon
 (Attending physician, midwife, householder. *)

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

Filed Aug 24 1915 B. G. Fox LOCAL REGISTRAR.
152-821-534 Filed Sept 4 1915 A True Copy B. G. Fox COUNTY REGISTRAR.
 COUNTY REGISTRAR. COUNTY REGISTRAR.