

2384

This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH **ARIZONA STATE BOARD OF HEALTH**
BUREAU OF VITAL STATISTICS 144 State Index No. 511
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 237
 Local Registrar's No. _____

County of Gila
 District of Globe
 Town of _____
 or _____
 City of Globe (No. _____ St; _____ Ward _____)

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

Sex of Child <u>M</u>	Twins, Triplets or other _____	and	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug 23</u> 191 <u>5</u> (Month) (Day) (Yr.)
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FATHER		MOTHER	
Full Name <u>L M Brown</u>	Full Maiden Name <u>M R Towle</u>	Residence <u>E Globe</u>	Residence <u>E Globe</u>
Color or Race <u>W</u>	Age at last Birthday <u>25</u> (Years)	Color or Race <u>W</u>	Age at last Birthday <u>25</u> (Years)
Birthplace <u>Tex</u>	Occupation <u>Clerk</u>	Birthplace <u>Miss</u>	Occupation <u>Housewife</u>

Number of child of this mother... 3 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 23 1915, at 11 P. 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 _____ Address Globe
 supplemental report _____ 191 _____
 Filed Sept 20 1915 B. G. Fox
625-823-135 Filed Oct 5 1915 B. G. Fox
 COUNTY REGISTRAR. LOCAL REGISTRAR. COUNTY REGISTRAR.