

2386

... 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 **146** State Index No. **513**

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 228

Local Registrar's No. \_\_\_\_\_

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

Sex of Child Female Twin, Triplet or other  and } Number in order of birth \_\_\_\_\_ Legitimate? Yes Date of Birth Aug 24 1915  
(Month) (Day) (Yr.)

FATHER  
Full Name Arnold Albert Sins  
Residence 637 Ash St  
Color or Race White Age at last Birthday 34 (Years)  
Birthplace Rugby, England  
Occupation Miner

MOTHER  
Full Maiden Name Emily Deacon  
Residence Same  
Color or Race White Age at last Birthday 35 (Years)  
Birthplace Berkshire, Eng  
Occupation Housewife

Number of child of this mother... 4... Number of children, of this mother, now living... 4... 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 24 1915, at 4:30 P. M.

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

(Signature) C. Sturgeon  
(Attending physician, midwife, householder. \*)

Given or christian name added from a \_\_\_\_\_ Address \_\_\_\_\_  
supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Filed Aug 26 1915 B. G. Fox LOCAL REGISTRAR.

722-824-549 Filed Sept 4 1915 A True Copy B. G. Fox COUNTY REGISTRAR.