

2391

one 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 Globe
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 151 State Index No. 518
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 238
Local Registrar's No.

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

Sex of Child F } and } Number in order of birth 3 } Legitimate? yes } Date of Birth Aug 28 1915
Twin, Triplet or other } (Month) (Day) (Yr.)

FATHER
Full Name Norman Johnson
Residence Globe
Color or Race W Age at last Birthday 31 (Years)
Birthplace Col
Occupation Lawyer

MOTHER
Full Maiden Name Marie Moran
Residence Globe
Color or Race W Age at last Birthday 30 (Years)
Birthplace Ohio
Occupation Housewife

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 28 1915, at 5:00 M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) R. J. Fox (Attending physician, midwife, householder. *)

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

515-729-1145
COUNTY REGISTRAR.

Filed Sept 20 1915 R. J. Fox LOCAL REGISTRAR.
Filed Oct 5 1915 * True Copy R. J. Fox COUNTY REGISTRAR.