

2247

ORIGINAL 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 Yuma
District of Globe
Town of Globe
or Globe
City of Globe

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 155 State Index No. 521
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 233
Local Registrar's No. _____

FULL NAME OF CHILD William Wood Dubes } Born YES
Alive NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 29</u> 191 <u>5</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Will Dubes</u>			Full Maiden Name <u>Edna Woods</u>		
Residence <u>No 20 No Road St</u>			Residence <u>Same</u>		
Color or Race <u>white</u>			Age at last Birthday <u>22</u> (Years)		
Birthplace <u>Kennell, Calif.</u>			Birthplace <u>Visalia, Calif.</u>		
Occupation <u>Miner</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 29 1915, at 79 M.
(Signature) [Signature]
(Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report _____ 191____
Address _____
Filed Aug 30 1915 R.G. Fox LOCAL REGISTRAR.
642-562 Filed Sept 4 1915 R.G. Fox COUNTY REGISTRAR.
A True Copy