

4306

N. B.—In case of more than one child at a birth, a SEPARATE 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 Gila
District of Globe
Town of _____
or Globe
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **138** State Index No. 522
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 322
Local Registrar's No. _____
(No. _____ St; _____ Ward)

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

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth 1 } Legitimate? Yes } Date of Birth Nov. 28 1915
(Month) (Day) (Yr.)

FATHER
Full Name Roy E. Tucker
Residence Globe, Ariz.
Color or Race White Age at last Birthday 23 (Years)
Birthplace Globe, Ariz.
Occupation Rancher

MOTHER
Full Maiden Name Edna Jackson
Residence Globe, Ariz.
Color or Race White Age at last Birthday 18 (Years)
Birthplace New Mexico.
Occupation Housewife

Number of child of this mother? 2 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 Nov. 28 1915, at 2.45 A. M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) [Signature]
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 1915
Address _____

Filed Nov 8 1915 [Signature] LOCAL REGISTRAR.

Filed Nov 10 1915 A True Copy [Signature] COUNTY REGISTRAR.

COUNTY REGISTRAR.