

4947

PLACE OF BIRTH

County of Yuma
District of Globe
Town of _____
or _____
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **154** State Index No. **929**

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **361**

Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Wm Henry Marshall Jr. } 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 } Legitimate? Yes } Date of Birth Dec 17 1915
(Month) (Day) (Yr.)

FATHER
Full Name William Henry Marshall
Residence 490 N High
Color or Race White Age at last Birthday 29 (Years)
Birthplace St Austell, England
Occupation Chick

MOTHER
Full Maiden Name Lillian Annie Courts
Residence Same
Color or Race White Age at last Birthday 29 (Years)
Birthplace Yours, England
Occupation Housewife

Number of child of this mother 2 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Dec 17 1915 at 6:15 P.

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

(Signature) C. J. Attergion
(Attending physician, midwife, householder)

Given or Christian name added from a Supplemental report _____ 1915

Address _____

Filed Dec 20 1915

B. G. Fox

LOCAL REGISTRAR.

643-12-17-332
COUNTY REGISTRAR.

Filed Jan 5 1916 A True Copy

B. G. Fox

COUNTY REGISTRAR.