156

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of ..... or City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 114 State Index No. 496

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 80

Local Registrar's No. .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Mary Dorothy Elayer — Born / Alive — YES / ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
F			2	yes	Feb 2 1916

FATHER		MOTHER	
Full Name	C. S. Elayer	Full Maiden Name	Felecia G Smith
Residence	Copper Hill	Residence	Copper Hill
Color or Race	W	Color or Race	W
Age at last Birthday (Years)	27	Age at last Birthday (Years)	24
Birthplace	Col	Birthplace	N. M.
Occupation	Mng Engineer	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 above child; and that it occurred on Feb 2 1916, at 1 A. M.

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

(Signature) R D Kennedy
(Attending physician, midwife, householder.*)

Address Globe

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

Filed Apr 12 1916 — B. G. Fox, LOCAL REGISTRAR.

459-202-628
COUNTY REGISTRAR.

Filed May 10 1916 — A True Copy — B G Fox, COUNTY REGISTRAR.