

4988

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of _____
 or _____
 City of Globe (No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **152** State Index No. **516**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 126
 Local Registrar's No. _____

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

Sex of Child Female | Twin, Triplet or other ← } and } Number in order of birth ← | Legitimate Yes | Date of Birth May 19 1916
 (Month) (Day) (Yr.)

FATHER
 Full Name Robert Manuel
 Residence H. Globe
 Color or Race White Age at last Birthday 31 (Years)
 Birthplace Globe, Arizona
 Occupation Carpenter

MOTHER
 Full Maiden Name Bertha Amet
 Residence Same
 Color or Race White Age at last Birthday 32 (Years)
 Birthplace Albida, Ill.
 Occupation Housewife Yes

Number of child of this mother 5 | Number of Children, of this mother, now living 5 | 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 May 19 1916, at 7:15 P.M.

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

(Signature) C. J. Sturgeon
 (Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 1916 Address _____

943-579-228
 COUNTY REGISTRAR.

Filed May 22 1916 B. E. J. A. LOCAL REGISTRAR.
 Filed June 11 1916 A True Copy B. E. J. A. COUNTY REGISTRAR.