PLACE OF BIRTH

County of Gila

District of Globe

Town of ..... or City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 129 State Index No. 867

ORIGINAL CERTIFICATE OF BIRTH

Co. Regist. No. 258

Local Regis. .....

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

FULL NAME OF CHILD Still Born

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

Alive: ~~YES~~ NO

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
M.			1	yes	Sept 3 1916

FATHER	MOTHER
Full Name: Theron Balsley Sanderson	Full Maiden Name: Mabel Carlson
Residence: Globe	Residence: Globe
Color or Race: W — Age at last Birthday: 24 (Years)	Color or Race: White — Age at last Birthday: 24 (Years)
Birthplace: Wash.	Birthplace: Ill
Occupation: Clerk	Occupation: Housewife

Number of child of this mother: 1 | Number of children, of this mother, now living: 0 | Were precautions taken against Ophthalmia neonatorum? .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 3 1916, at 11 A.M.

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

(Signature) P D Kennedy

(Attending physician, ~~midwife, householder.*~~)

Address Globe

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

Filed Sep 10 1916 B G Jay

LOCAL REGISTRAR.

025-903-425

COUNTY REGISTRAR.

Filed Oct 5 1916 A True Copy B G Jay M.D.

COUNTY REGISTRAR.

This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.