

124

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **133** State Index No. **547**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **333**
 Local Registrar's No. _____

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

Sex of Child <u>Female</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>1</u>	Other <u>mate? yes</u>	Legiti- mate? <u>yes</u>	Date of Birth <u>Nov 9,</u> 191 <u>6</u> (Month) (Day) (Yr.)
FATHER Full Name <u>Elmer G. Long</u> Residence <u>Globe, Ariz</u> Color or Race <u>White</u> Birthplace <u>Missouri</u> Occupation <u>Mining</u>				MOTHER Full Maiden Name <u>Bertha Phipps</u> Residence <u>Globe, Ariz.</u> Color or Race <u>White</u> Birthplace <u>Iowa</u> Occupation <u>Housewife</u>		
Age at last Birthday <u>33</u> (Years)		Age at last Birthday <u>33</u> (Years)		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>		
Number of child of this mother <u>5</u>		Number of Children, of this mother, now living <u>3</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of the above child; and that it occurred on Nov 9, 1916 at 9-AM.
 { *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 _____ 191____
 Address _____
 Filed Nov 14 1916 B. G. J. J. LOCAL REGISTRAR.
337-1109-272 A True Copy Filed Nov 14 1916 [Signature] COUNTY REGISTRAR.
 COUNTY REGISTRAR. COUNTY REGISTRAR.