2236

CERTIFICATE AMENDED
SEE NOTATION

Child's given name changed, mother's age corrected per Aff. of Reg. & copy of Dr. Record. 3-15-71 (1-31-74 el)

PLACE OF BIRTH

County of Gila

District of Globe

Town of _____ or City of Globe

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 514 122

Co. Register No. 281

Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD ~~Louise Junia~~ JUNIA LEA Brenner

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

Born Alive: YES ~~NO~~

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate | Date of Birth |
|---|---|---|---|---|---|
| Female | | | | yes | 6/15 1917 (Month) (Day) (Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Dr M.E.Brenner | Full Maiden Name | Maud Barnette |
| Residence | Globe Arizona | Residence | Globe Arizona |
| Color or Race | White | Color or Race | White |
| Age at last Birthday | 53 (Years) | Age at last Birthday | ~~41~~ 41 (Years) |
| Birthplace | Texas | Birthplace | Texas |
| Occupation | Dentist | Occupation | H.W. |

Number of child of this mother 10 | Number of Children, of this mother, now living 6 | 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 6/15 1917, at 1 P.M.

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

(Signature) L. E. Wightman
(Attending physician, ~~midwife, householder.~~*)

Address _____

Given or Christian name added from a supplemental report _____ 191__

Filed 6-20 1917. By _____ LOCAL REGISTRAR.

329-615-425
COUNTY REGISTRAR.

Filed July 5 1917. A True Copy By _____ COUNTY REGISTRAR.