

10 19

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **132** State Index No. **714**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **378**
 Local Registrar's No. _____

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

Sex of Child Male Twin, Triplet or other _____ } and { Number in order of birth _____ } Legitimacy yes Date of Birth Aug 27 1917
 (Month) (Day) (Yr.)

FATHER
 Full Name Emil Miller Winters
 Residence 269 E. Cedar St
 Color or Race White Age at last Birthday 31 (Years)
 Birthplace Texas
 Occupation Rancher

MOTHER
 Full Maiden Name Ruby Wood
 Residence Same
 Color or Race White Age at last Birthday 21 (Years)
 Birthplace Suna Valley, N. Mexico
 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 the above child; and that it occurred on Aug 26 1917 at 12:30 P
 When there is no attending physician or midwife, then the householder should make this return. (Signature) C. J. Singleton (Attending physician, midwife, householder.)

Given or Christian name added from a Supplemental report _____ 191____
 Address _____
 Filed Aug 30 1917 B. G. Day LOCAL REGISTRAR.
 Filed Sept 5 1917 A True Copy B. G. Day COUNTY REGISTRAR.

162-827-964
 COUNTY REGISTRAR.