2417

146

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gila

District of Globe

Town of ..... or City of Globe

State Index No. 629

Co. Register No. 77

Local Registrar's No. .....

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

FULL NAME OF CHILD Charles Kistler

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
Male				Yes	Feb. (Month) 3 (Day) 1918 (Yr.)

FATHER		MOTHER	
Full Name	Louis Kistler	Full Maiden Name	Florence Spencer
Residence	Globe, Ariz.	Residence	Globe, Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	37 (Years)	Age at last Birthday	27 (Years)
Birthplace	Logansport, Ind.	Birthplace	Ogden, Utah
Occupation	Printer	Occupation	Housewife

Number of child of this mother 3 | Number of children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb. 3, 1918, at 7 15 P. M.

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

(Signature) Alvin Kirmse M.D.
(Attending physician, ~~midwife, householder~~*)

Address Globe, Ariz.

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

Filed Feb 7 1918 B. G. Fox LOCAL REGISTRAR.

329-203-629 COUNTY REGISTRAR.

Filed Mar 5 1918 A True Copy B. G. Fox COUNTY REGISTRAR.