

**PLACE OF BIRTH** **ARIZONA STATE BOARD OF HEALTH**  
 County of Yuma **BUREAU OF VITAL STATISTICS** State Index No. **145**  
 District of Globe **ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. 137  
 Town of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Globe (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Jessie Wilkin Tuttle } 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	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>3 14 1918</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Frank J. Tuttle</u>			Full Maiden Name <u>Jessie Ruston</u>		
Residence <u>Globe</u>			Residence <u>Globe, Ariz</u>		
Color or Race <u>White</u>	Age at last Birthday <u>25</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>18</u> (Years)	
Birthplace <u>W. Phoenix Arizona</u>			Birthplace <u>Yuma</u>		
Occupation <u>Farmer</u>			Occupation <u>W. W.</u>		

Number of child of this mother. 3 Number of children, of this mother, now living. 2 Were precautions taken against Ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

hereby certify that I attended the birth of above child; and that it occurred on 3/14 1918, at 10 P. M.  
 \*When there is no attending physician or midwife, then the householder should make this return.

(Signature) G. E. Wightman  
 (Attending physician, midwife, householder. \*)

Given or christian name added from a Supplemental report \_\_\_\_\_ 191\_\_\_\_\_ Address \_\_\_\_\_

Filed Mar 16 1918 B. E. Fox LOCAL REGISTRAR.  
 Filed Apr 5 1918 B. E. Fox COUNTY REGISTRAR.  
 135-314-691  
 COUNTY REGISTRAR.