

1573

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of _____
Town of Globe
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
Co. Register No. 217
Local Registrar's No. _____

(No. _____ St; _____ Ward) }
FULL NAME OF CHILD Una Destene Phillips } Born } YES
Alive }

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

Sex of Child 7 Twin, Triplet or other _____ and _____ Number in order of birth _____ Legiti- mate? yes Date of Birth May 11 1918
(Month) (Day) (Yr.)

FATHER
Full Name John Wm Phillips
Residence Globe, Arizona
Color or Race W Age at last Birthday 40 (Years)
Birthplace Fairfield, Illinois
Occupation Laborer

MOTHER
Full Maiden Name Katie Eveline Adams
Residence Globe, Arizona
Color or Race W Age at last Birthday 24 (Years)
Birthplace Pinetop, Ariz
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 May 11 1918, at 9⁰⁰ A.M.
{ *When there is no attending physi- }
{ cian or midwife, then the householder }
{ should make this return. }

(Signature) C.W. Adams
(Attending physician, ~~midwife~~, householder*)

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

Address Globe, Arizona
B. E. Star
LOCAL REGISTRAR.

Filed May 20 1918

Filed June 5 1918

A True Copy B. E. Star
COUNTY REGISTRAR.

472-511-212
COUNTY REGISTRAR.

the number of each in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.