

1625

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Globe

BUREAU OF VITAL STATISTICS

State Index No. _____

District of Globe

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 228

Town of _____

Local Registrar's No. _____

or Globe

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Ethel Allison } Born } YES

If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Female } and } Number in order of birth } Legitimate? yes } Date of Birth May 25 1918
(Month) (Day) (Yr.)

FATHER
Full Name Lester Allison

MOTHER
Full Maiden Name Ethel Dennis

Residence Globe, Ariz.

Residence Globe, Ariz.

Color or Race White Age at last Birthday 29 (Years)

Color or Race White Age at last Birthday 29 (Years)

Birthplace Globe, Ariz.

Birthplace Bald Mountain, Colo.

Occupation Cattle-man

Occupation Housewife

Number of child of this mother... 1 Number of children, of this mother, now living... 1 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 25 1918, at 4 P. M.

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

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

Given or christian name added from a

Address Globe, Ariz.

supplemental report _____ 191_____

Filed May 25 1918 Robt J. Day LOCAL REGISTRAR.

515-525-542
COUNTY REGISTRAR.

Filed June 1 1918 Robt J. Day COUNTY REGISTRAR.