2430

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. [illegible]

Co. Registrar's No. 486

Local Registrar's No. ____

PLACE OF BIRTH

County of Cella

District of ____

Town of Globe
or
City of ____ (No. ____ St; ____ Ward)

FULL NAME OF CHILD Mildred Smith

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

Born Alive: YES ~~NO~~

Sex of Child: Girl | Twin, Triplet or other: — | and | Number in order of birth: 2 | Legitimate? Yes | Date of Birth: 20 Oct 1918 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Charles Fred Smith	Full Maiden Name	Etta Smith
Residence	192 Glance Globe	Residence	192 Glance Street
Color or Race	White	Color or Race	White
Age at last Birthday	43 Years	Age at last Birthday	43 Years
Birthplace	Tenn	Birthplace	Ill
Occupation	Miner	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 Oct 20 1918, at 11 A.M.

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

Signature E. P. Woodward
Attending physician, midwife, householder.*

Address Old Dominion Mine

Given or Christian name added from a supplemental report ____ 191__

Filed Oct 24 1918 — B. G. Fox, LOCAL REGISTRAR.

428-1020-528
COUNTY REGISTRAR.

A True Copy

Filed Nov 5 1918 — B. G. Fox, COUNTY REGISTRAR.