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Amendment attached

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____

Co. Registrar's No. 317

Local Registrar's No. _____

(No. _____ St. _____ Ward)

PLACE OF BIRTH

County of Gila

District of Globe

Town or City of Globe

FULL NAME OF CHILD _____ Born Alive YES NO

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

Sex of Child: Female | ~~Twin, Triplet or other~~ | and ~~Number in order of birth~~ | Legitimate? Yes | Date of Birth: Nov. 5 1918 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Wilbur Chester Holman	Full Maiden Name	Alice Curnow (Cur Now)
Residence	Globe Ariz	Residence	Globe Ariz
Color or Race	American	Color or Race	American
Age at last Birthday	32 Years	Age at last Birthday	36 Years
Birthplace	Michigan	Birthplace	Nevada
Occupation		Occupation	housewife

Number of child of this Mother: 2nd | 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 Nov. 5 1918, at 9 A.M.

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

Signature D Scott Schenck

Attending physician, ~~midwife, householder~~.*

Address Globe, Arizona

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

Filed Nov 10 1918

LOCAL REGISTRAR.

485-1105-136

Filed Dec 2 1918 A True Copy

COUNTY REGISTRAR.

COUNTY REGISTRAR.