

4530

Physician or Midwife to be attended within 5 days after birth

**PLACE OF BIRTH**  
 County of Gila  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or City of Globe (No. 7. Ash St; \_\_\_\_\_ Ward)

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH  
 State Index No. 123  
 Co. Register No. 14  
 Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Michael Julian MacConnell Jr. } Born } YES  
 } Alive } ~~NO~~  
 If child is not named, make Supplemental Report on blank obtainable from local registrar

Sex of Child Male Twin, Triplet or other  and  Number in order of birth  Legitimate? Yes Date of Birth January 15 1919  
 (Month) (Day) (Yr.)

**FATHER**  
 Full Name Michael Julian MacConnell  
 Residence Globe  
 Color or Race White Age at last Birthday 29 (Years)  
 Birthplace Texas  
 Occupation Boiler Maker

**MOTHER**  
 Full Maiden Name Pauline Wright  
 Residence Globe  
 Color or Race White Age at last Birthday 19 (Years)  
 Birthplace New Mexico  
 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 Jan 15 1919, at 5:45p M.  
 { \*When there is no attending physician or midwife, then the householder should make this return. (Signature) [Signature] (Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_ Address \_\_\_\_\_  
 Filed Jan 18 1919 B. E. J. J. J. LOCAL REGISTRAR.  
443-115-763 A True Copy Filed Feb 5 1919 B. E. J. J. J. COUNTY REGISTRAR.  
 COUNTY REGISTRAR. COUNTY REGISTRAR.