

2242

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 122

District of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 65

Town of \_\_\_\_\_

Local Registrar's No. \_\_\_\_\_

or \_\_\_\_\_

(No. Hospital St; \_\_\_\_\_ Ward)

CITY OF Globe FULL NAME OF CHILD Jane Esther Low Born YES Alive NO

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

Sex of Child Female Twin, Triplet or other 1 and 1 Number in order of birth 1 Legitimate? Yes Date of Birth Feb 3 1919 (Month) (Day) (Yr.)

FATHER Full Name John Chambers Low Residence Globe Color or Race White Age at last Birthday 32 (Years) Birthplace New York Occupation Mining Engineer

MOTHER Full Maiden Name Agel Louis Keegan Residence Globe Color or Race White Age at last Birthday 27 (Years) Birthplace New Mexico 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 above child; and that it occurred on Feb 3 1919, at 10<sup>25</sup> A.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 \_\_\_\_\_ 1919

Address Globe Ariz Box 258

Filed Feb 7 1919

[Signature] LOCAL REGISTRAR.

136-203-825 COUNTY REGISTRAR.

Filed Mar 5 1919

A True Copy [Signature] COUNTY REGISTRAR.