2286

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156

Co. Registrar's No. 82

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of Globe

Town of ..... or City of Globe

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Charles Thomas Townsend

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

Born Alive: YES ~~NO~~

Sex of Child: Male

Twin, Triplet or other: and Number in order of birth:

Legitimate? Yes

Date of Birth: 2 (Month) 22 (Day) 1919 (Yr.)

FATHER	MOTHER
Full Name: Franklin Ira Townsend	Full Maiden Name: Josie West
Residence: Globe,	Residence: Globe,
Color or Race: White	Color or Race: White
Age at last Birthday: 27 Years	Age at last Birthday: 19 Years
Birthplace: Texas	Birthplace: Missouri,
Occupation: Laborer	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 2 / 22 1919, at 10P. M.

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

Signature L. E. Wightman

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

Address Globe, Arizona.

Given or Christian name added from a supplemental report ..... 191..

Filed Feb 26 1919

B. G. Fox

LOCAL REGISTRAR.

334-222-163

COUNTY REGISTRAR.

Filed MAR 5 1919

A True Copy

B. G. Fox

COUNTY REGISTRAR.