

9710

CERTIFICATE AMENDED
SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 139

PLACE OF BIRTH
County of Gila

District of _____

Town of _____
or Globe
City of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 278

Child's name entered by request of physician + Certificate of Blessing R.D. Schubert
Local Registrar's No. _____
(No. 9-9-68 (4-17-72 cl) St; _____ Ward)

FULL NAME OF CHILD Alice Evelyn Malone Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Female Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? Yes Date of Birth 5 11 1919
Month Day Yr.

FATHER
Full Name Otto Malone
Residence Globe,
Color or Race white Age at last Birthday 28 Years
Birthplace Texas,
Occupation Laborer

MOTHER
Full Maiden Name Hattie L. Lewis.
Residence Globe
Color or Race white Age at last Birthday 21 Years
Birthplace Texas,
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 5/11 1919, at 11A M.

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

Signature L. E. Wightman, M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 1919

Address Globe, Arizona.

145-511-832
COUNTY REGISTRAR.

Filed 5/13 1919

B. G. Jay
LOCAL REGISTRAR.

Filed 6/5 1919 A True Copy

B. G. Jay
COUNTY REGISTRAR.