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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 101

Co. Registrar's No. 386

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 Francis Richard Rhodes

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

Born Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month, Day, Yr.)
Male				Yes	July 2 1919

FATHER		MOTHER	
Full Name	Lewis Rhodes	Full Maiden Name	Laura Bennett
Residence	Globe Arizona	Residence	Globe, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	39 Years	Age at last Birthday	40 Years
Birthplace	Pattensburg, Mo.	Birthplace	Uvalde, Texas
Occupation	Laborer	Occupation	Housewife

Number of child of this Mother 5 | Number of Children, of this mother, now living 4 | 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 July 2 1919, at 10 P. M.

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

Signature Alvin Kirmse M.D.

Attending physician, ~~midwife, householder.~~

Address Globe, Arizona

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

Filed July 7 1919

B. G. Fox
LOCAL REGISTRAR.

692-702-323

Filed AUG 5 1919

A True Copy

B. G. Fox
COUNTY REGISTRAR.

COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.