2345

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165

Co. Register No. 550

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Globe

Town of Globe
or
City of

(No. St; Ward)

FULL NAME OF CHILD Mary Elizabeth Hollow

Born Alive: YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Female				Yes	Oct. 24 1919

FATHER		MOTHER	
Full Name	Charles Hollow	Full Maiden Name	Janie Hancock
Residence	Globe, Arizona	Residence	Globe Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	32 (Years)	Age at last Birthday	33 (Years)
Birthplace	England	Birthplace	England
Occupation	Miner	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 above child; and that it occurred on Oct. 24 1919, at 9:30 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.*)

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

Address Globe, Arizona

Filed Oct. 30 1919 B. G. Jay
LOCAL REGISTRAR.

486-1024-182
COUNTY REGISTRAR.

Filed Nov. 6 1919 A True Copy B. G. Jay
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.