2349

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168

Co. Registrar's No. 548

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of _____ or City of Globe

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Viola Short

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.)
Female				Yes	Oct. 24 1912

FATHER		MOTHER	
Full Name	Albert E. Short	Full Maiden Name	Fredricka Bruhn
Residence	Globe, Arizona	Residence	Globe Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	40 Years	Age at last Birthday	43 Years
Birthplace	Tiffin Ohio	Birthplace	Condersport Ky
Occupation	Welder	Occupation	Housewife

Number of child of this Mother 4 | Number of Children, of this mother, now living 3 | 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 Oct 24 1912 at 11:30 A.M.

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

Signature Alvin Turner M.D.
Attending physician, midwife, householder.

Address Globe, Arizona

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

Filed Oct 30 1912

A True Copy

LOCAL REGISTRAR.

523-1024-625

Filed _____ 191__

COUNTY REGISTRAR.

COUNTY REGISTRAR.

... or midwife with each local Registrar within 5 days after birth.