

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

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
 County of Kila  
 District of Globa  
 Town of Globa  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

State Index No. 88  
 Co. Register No. 684  
 Local Registrar's No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

FULL NAME OF CHILD Alice Margaret Benson { 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 1 and } Number in order of birth 1 Legitimate? Yes Date of Birth Dec 1 1919  
 (Month) (Day) (Yr.)

**FATHER**

Full Name Ben S. Benson  
 Residence Roosevelt, Ariz  
 Color or Race White Age at last Birthday 32 (Years)  
 Birthplace Sweden  
 Occupation Carpenter

**MOTHER**

Full Maiden Name Etta Mae Benson  
 Residence Roosevelt Ariz  
 Color or Race White Age at last Birthday 27 (Years)  
 Birthplace Los Angeles, Cal.  
 Occupation School Teacher

Number of child of this mother... 1 Number of Children, of this mother, now living... 1 Were precautions taken against Ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on Dec 1 1919, at 10A.M.

{ \*When there is no attending physician or midwife, then the householder should make this return. }  
 (Signature) Clarence Simms  
 (Attending physician, midwife, householder)

Given or Christian name added from a supplemental report... 191...  
 Address Globa, Ariz

Filed 12/14 1919 LOCAL REGISTRAR.  
 Filed 12/16 1919 A True Copy LOCAL REGISTRAR.  
125-1201-525 COUNTY REGISTRAR.