

Use 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 County of Globe
 District of Globe
 Town of _____
 or City of Globe (No. _____ St. _____ Ward _____)

State Index No. 72
 Co. Register No. 12
 Local Registrar's No. _____

FULL NAME OF CHILD Samuel Wallace Leslie } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child	Male	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth	Dec 4 1919
					yes	(Month) (Day) (Yr.)	
FATHER				MOTHER			
Full Name	<u>Samuel Leslie</u>			Full Maiden Name	<u>Lucy May Baird</u>		
Residence	<u>Globe, Arizona</u>			Residence	<u>Globe, Arizona</u>		
Color or Race	<u>White</u>	Age at last Birthday	<u>21</u>	Color or Race	<u>White</u>	Age at last Birthday	<u>17</u>
		(Years)				(Years)	
Birthplace	<u>Pennsylvania</u>			Birthplace	<u>Phoenix Arizona</u>		
Occupation	<u>Miner</u>			Occupation	<u>Housewife</u>		
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 above child; and that it occurred on Dec 4, 1919, at 9:45 P.M.

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

(Signature) Alvin Kinnison M.D.
 (Attending physician, midwife, householder,*)

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

Address Globe, Arizona
B. G. Fox
 LOCAL REGISTRAR.

Filed Dec 16 1919 A True Copy
B. G. Fox
 COUNTY REGISTRAR.

235-1204-224 Filed Jan 17 1920
B. G. Fox
 COUNTY REGISTRAR.

misland by B.G. Fox