

This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila
 District of _____
 Town of _____
 or Globe
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 144

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 731

Local Registrar's No. _____

FULL NAME OF CHILD Grace Patterson

Born } YES
 Alive } NO

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

Sex of Child Female Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate? yes Date of Birth Dec. 28 1919
 (Month) (Day) (Yr.)

FATHER
 Full Name Justave Patterson
 Residence Globe, Arizona
 Color or Race White Age at last Birthday 49 (Years)
 Birthplace St. Paul, Minn.
 Occupation Miner

MOTHER
 Full Maiden Name Hennetta Ryberg
 Residence Globe, Arizona
 Color or Race White Age at last Birthday 30 (Years)
 Birthplace Denmark
 Occupation Housewife

Number of child of this mother... 4... 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 Dec 28 1919, at 10 M.

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

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

Given or christian name added from a supplemental report _____ 1919

Address Globe, Arizona

Filed Dec 30 1919

B. S. Jay
 LOCAL REGISTRAR

775-1228-997
 COUNTY REGISTRAR

Filed Jan 5 1920

A True Copy B. S. Jay
 COUNTY REGISTRAR