

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.

**PLACE OF BIRTH**

County of Gila,  
 District of Globe,  
 Town of \_\_\_\_\_  
 or Globe.  
 City of \_\_\_\_\_

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

State Index No. 148  
 Co. Register No. 735  
 Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Julues Edwin Latimer, Born  YES  
Alive  ~~NO~~

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

Sex of Child	Male	Twin, Triplet or other	and	Number in order of birth	Legitimate? <input checked="" type="checkbox"/> Yes	Date of Birth	12	29	1919
						(Month)	(Day)	(Yr.)	
FATHER					MOTHER				
Full Name	John R. Latimer,				Full Maiden Name	Emma Kinsey			
Residence	Roosevelt.				Residence	Roosevelt.			
Color or Race	Mexican	Age at last Birthday	40	Color or Race	White	Age at last Birthday	34	(Years)	
Birthplace	Globe, Arizona.				Birthplace	Kansas			
Occupation	Farmer				Occupation	Housewife			

Number of child of this mother... 1 ... Number of children, of this mother, now living... 1 ... 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 12/29, 1919, at 8.20, M.

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

(Signature) G.E. Wightman  
 (Attending physician, midwife, householder.\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Address Globe, Arizona.

Filed 12/31 1919.

B. J. Jar  
 LOCAL REGISTRAR.

139-1229-528  
 COUNTY REGISTRAR.

Filed Jan 5 1920

A True Copy B. J. Jar  
 COUNTY REGISTRAR.