

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

PLACE OF BIRTH
 County of Gila State Index No. 127
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 98
 Town of _____ Local Registrar's No. _____
 or _____
 City of Globe (No. _____ St. _____ Ward)

FULL NAME OF CHILD John Gordon Allen 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? yes Date of Birth Feb 2 1920
 Month Day Yr.

FATHER
 Full Name William Jay Allen
 Residence Globe, Ariz.
 Color or Race White Age at last Birthday 23 Years
 Birthplace Carthage Mo
 Occupation Miner

MOTHER
 Full Maiden Name Vivian Johns
 Residence Globe, Arizona
 Color or Race White Age at last Birthday 21 Years
 Birthplace Purcell, Mo
 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 the above child; and that it occurred on Feb 2 1920 at 9 P. M.

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

Signature Alvin Furuse M.D.
 Attending physician, midwife, householder.*

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

Address Globe, Ariz.
R. E. S. etc

Filed Feb 3 1920
119-202-512
 COUNTY REGISTRAR.

Filed Mar 6 1920 A True Copy
R. E. S. etc
 LOCAL REGISTRAR.
 COUNTY REGISTRAR.