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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
 County of Gila
 District of Globe
 Town of Globe
 City of _____

State Index No. 102
 Co. Register No. 274
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

(No. _____ St. _____ Ward)

Sex of child M { Born } YES
 { Alive } ~~NO~~

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

Date of Birth May 14 1920
 (Month) (Day) (Yr.)

Number in order of birth <u>1</u>	Legitimate? <u>yo</u>
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FATHER		MOTHER	
Full Name <u>Thomas M. Sean</u>	Full Maiden Name <u>Sibby Lloyd</u>	Residence <u>Globe</u>	Residence <u>Globe</u>
Age at last Birthday <u>23</u> (Years)	Age at last Birthday <u>17</u> (Years)	Color or Race <u>W</u>	Color or Race <u>W</u>
Birthplace _____	Birthplace <u>MO</u>	Occupation <u>Miner</u>	Occupation <u>Housewife</u>

Number of children 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 May 14 1920, at 40 M.

(Signature) R. S. Fox
 (Attending physician, midwife, householder,*)

Address Globe

Filed May 15 1920 LOCAL REGISTRAR.

Filed 6/1 1920 A True Copy COUNTY REGISTRAR.

045-514-334 COUNTY REGISTRAR.