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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 180
 Co. Registrar's No. 293
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Robert Edgar Lee, Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ~~DECEASED~~

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? Yes Date of Birth 5 27 1912
 Month Day Yr.

FATHER
 Full Name Edgar Hall Lee,
 Residence Globe
 Color or Race White Age at last Birthday 25 Years
 Birthplace Georgie
 Occupation Life Insurance Agent.

MOTHER
 Full Maiden Name Augusta Partridge,
 Residence Globe
 Color or Race White Age at last Birthday 24 Years
 Birthplace New York
 Occupation Housewife.

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* 12, 15

I hereby certify that I attended the birth of the above child; and that it occurred on 5-27, 1920 at A. M.

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

Signature L. E. Wightman
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191__ Filed 5/30 1920 Address Globe, Arizona.

935-577-175 COUNTY REGISTRAR. Filed 6/1 1920 A True Copy B. J. Jax LOCAL REGISTRAR. B. J. Jax COUNTY REGISTRAR.