

4051

number of children, 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
 City of Globe (No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 158
 Co. Registrar's No. 324
 Local Registrar's No. _____

FULL NAME OF CHILD Monroe Iven Crawford Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ==

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? Yes Date of Birth 6 2 1920
 Month Day Yr.

Full Name FATHER
Albert Crawford
 Residence Globe
 Color or Race White Age at last Birthday 24 Years
 Birthplace New Mexico
 Occupation Car Repairer

Full Maiden Name MOTHER
Ethel Collins
 Residence Globe
 Color or Race White Age at last Birthday 25 Years
 Birthplace New Mexico
 Occupation Housewife

Number of child of this Mother 4 Number of Children, of this mother, now living 2 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 6-2, 1920, at 4 A.M.
 *When there is no attending physician or midwife, then the householder should make this return.

Signature G. E. Wightman
 Attending physician, midwife, householder.*
 Address Globe, Ariz.

Given or Christian name added from a supplemental report _____ 191_____
434602-532
 COUNTY REGISTRAR.

Filed 6-5 1920 A. G. Fox LOCAL REGISTRAR.
 Filed 7-1 1920 A. G. Fox COUNTY REGISTRAR.
 A True Copy