

251

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County of Gila,
District of Globe,
Town of _____
or
City of Globe,

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153
Co. Registrar's No. 490
Local Registrar's No. _____

FULL NAME OF CHILD James Alexander Larson, Jr. } Born { YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive { YES

Sex of Child Male } Twin, Triplet or other } and { Number in order of birth } Legiti- mate? Yes } Date of Birth 8 18 19/20
Month Day Yr.

FATHER
Full Name James Alexander Larson
Residence Globe
Color or Race White Age at last Birthday 38 Years
Birthplace New Mexico,
Occupation Foreman of Road Depart- ment (County).

MOTHER
Full Maiden Name Frankie Bell Gates
Residence Globe
Color or Race White Age at last Birthday 28 Years
Birthplace California,
Occupation Nurse

Number of child of this Mother 4 Number of Children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

10, 15

I hereby certify that I attended the birth of the above child; and that it occurred on 8/18, 1920 at P. M.

{ *When there is no attending physi- cian 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, Ariz.

135-818-672
COUNTY REGISTRAR.

Filed 8-22 1920

B. E. S. J. Cox
LOCAL REGISTRAR.

Filed 9-5 1920 A True Copy

B. E. S. J. Cox
COUNTY REGISTRAR.

OR MIDWIFE WITHIN EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.