2232

the number of each, 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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 182

Co. Registrar's No. 636

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Norman Franklin Birtcher | Born Alive | YES ~~NO~~

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

Sex of Child Male | Twin, Triplet or other | and | Number in order of birth | Legitimate? yes | Date of Birth Oct 25 1920 (Month Day Yr.)

FATHER	MOTHER
Full Name B. Frank Birtcher	Full Maiden Name Cora Youngreen
Residence Globe Arizona	Residence Globe Arizona
Color or Race White	Color or Race White
Age at last Birthday 34 Years	Age at last Birthday 27 Years
Birthplace West Virginia	Birthplace Utah
Occupation Machinist	Occupation House wife

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*

I hereby certify that I attended the birth of the above child; and that it occurred on 10/25 1920, at 3.15AM

*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

Filed 11/1 1920

B. S. Fox

LOCAL REGISTRAR.

529-1025-375

COUNTY REGISTRAR.

A True Copy

Filed 11-6 1920

B. S. Fox

COUNTY REGISTRAR.