2234

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184

Co. Registrar's No. 687

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of Globe

Town of or City of Globe

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Frankie Lucile Bailey

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

Born Alive: YES ~~NO~~

Sex of Child: Female | Twin, Triplet or other: and | Number in order of birth: | Legitimate? yes | Date of Birth: Oct (Month) 27 (Day) 1920 (Yr.)

FATHER		MOTHER	
Full Name	Frank H Bailey	Full Maiden Name	Mary Nava
Residence	Globe Arizona	Residence	Globe Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	28 Years	Age at last Birthday	27 Years
Birthplace	Montana	Birthplace	Arkansas
Occupation	Blacksmith	Occupation	House wife

Number of child 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 10/27 1920 at 10 AM

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

Signature L. E. Wightman

Attending physician, ~~midwife, householder~~.*

Address Globe Arizona

Given or Christian name added from a supplemental report ..... 191..

Filed 11-1 1920 B. G. Fox LOCAL REGISTRAR.

A True Copy

628-1027-451 COUNTY REGISTRAR.

Filed 11-5 1920 B. G. Fox COUNTY REGISTRAR.