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... IN CASE OF MORE THAN ONE CHILD AT BIRTH, A SEPARATE RETURN must be made for each, and 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

State Index No. 187

PLACE OF BIRTH  
County of Gila  
District of Globe  
Town of Globe  
or  
City of Globe

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 641  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Virgel Madewell Born YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alio NO

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ and Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth 10/29 1920  
Month Day Yr.

FATHER  
Full Name Perry Madewell  
Residence Cutter  
Color or Race White Age at last Birthday 23 Years  
Birthplace Missouri  
Occupation Laborer

MOTHER  
Full Maiden Name Lillie Hanselman  
Residence Cutter  
Color or Race \_\_\_\_\_ Age at last Birthday 22 Years  
Birthplace Oklahoma  
Occupation Housewife

Number of child of this Mother 2 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 10/29 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.

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Address 1101 G. St.

Filed 11-1 1920

B. G. J. J.  
LOCAL REGISTRAR.

Filed 11-6 1920 A True Copy

B. G. J. J.  
COUNTY REGISTRAR.

COUNTY REGISTRAR.