

176

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Globe

BUREAU OF VITAL STATISTICS

State Index No. 300

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 137

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

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD Harold Oscar Edwin Fallgren { Born } Yes  
If child is not named, make Supplemental Report on blank obtainable from local Registrar { Alive } NO

Sex of Child M. Twin, Triplet or other \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate yes Date of Birth Feb. 5 1921  
(Month) (Day) (Yr.)

FATHER  
Full Name Erick Oscar Leonard Fallgren  
Residence Globe, Ariz.  
Color or Race Swedish Age at last Birthday 36 (Years)  
Birthplace Sweden  
Occupation miner

MOTHER  
Full Maiden Name Anna Christina Elizabeth Peterson  
Residence Globe, Ariz.  
Color or Race Swedish Age at last Birthday 41 (Years)  
Birthplace Sweden  
Occupation Housewife

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 Feb. 5 1921, at 10<sup>45</sup> P.M.

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

(Signature) C. Wadams  
(Attending physician, midwife, householder. \*)

Address Globe Arizona

Given or Christian name added from a supplemental report \_\_\_\_\_ 1921

Filed Mar 20 1921

B.S. Fox  
LOCAL REGISTRAR.

865-205-175  
COUNTY REGISTRAR.

Filed Apr 20 1921 A True Copy

B.S. Fox  
COUNTY REGISTRAR.