

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

PLACE OF BIRTH
 County of Gila,
 District of Globe.
 Town of _____
 or
 City of Globe. (No. _____ St. _____ Ward)

State Index No. 125
 Co. Registrar's No. 490
 Local Registrar's No. _____

FULL NAME OF CHILD Gilbert Frank See. Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ~~NO~~

Sex of Child	Male	Twin, Triplet or other	}	and	}	Number in order of birth	Legitimate? Yes	Date of Birth	9	24	1921
								Month	Day	Yr.	
FATHER Full Name <u>Charles See,</u> Residence <u>Globe,</u> Color or Race <u>White</u> Age at last Birthday <u>31</u> Years Birthplace <u>Arizona,</u> Occupation <u>Stage Driver,</u>						MOTHER Full Maiden Name <u>Roxie Thomas,</u> Residence <u>Globe,</u> Color or Race <u>White</u> Age at last Birthday <u>24</u> Years Birthplace <u>Idaho</u> Occupation <u>Housewife,</u>					
Number of child of this Mother <u>4</u>			Number of Children, of this mother, now living <u>4</u>			Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
7, 15

I hereby certify that I attended the birth of the above child; and that it occurred on 9/24, 1921, at P.M.

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

Signature H. E. Wightman
 Attending physician, midwife, householder.*

Address Globe, Ariz.

Given or Christian name added from a supplemental report _____ 191__ Filed 9/28 1921.

725-924-932 Filed Oct 5 1921. A True Copy

B. G. Fox
 LOCAL REGISTRAR.
B. G. Fox
 COUNTY REGISTRAR.

725-924-932
 COUNTY REGISTRAR.