

1036

**ARIZONA STATE BOARD OF HEALTH**

PLACE OF BIRTH  
 County of Gila BUREAU OF VITAL STATISTICS State Index No. 127  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 497  
 Town of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 or  
 City of Globe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Elizabeth Ann Legters { Born YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive ~~NO~~

Sex of Child <u>Female</u>	Twin, Triplet or other _____	{ and }	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Sept 26 1921</u> (Month) (Day) (Yr.)
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**FATHER**  
 Full Name George R. Legters  
 Residence Globe, Arizona  
 Color or Race White Age at last Birthday 29 (Years)  
 Birthplace Sherman, New York  
 Occupation Clerk, mine office

**MOTHER**  
 Full Maiden Name Elizabeth Oberst  
 Residence Globe, Arizona  
 Color or Race White Age at last Birthday 25 (Years)  
 Birthplace St Louis, Mo  
 Occupation Housewife

Number of Child of this mother <u>1</u>	Number of children of this mother now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

hereby certify that I attended the birth of the above child, and that it occurred on Sept 26 1921, at 11:30 A.M.

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

(Signature) Alvin Kirsuse  
 (Attending physician, midwife, householder. \*)

Given or Christian name added from a \_\_\_\_\_ Address Globe Arizona  
 Supplemental report \_\_\_\_\_ 192 \_\_\_\_\_ Filed Oct 1 1921 B. G. Fox  
 LOCAL REGISTRAR.

532-926-503 Filed Oct 5 1921 A True Copy B. G. Fox  
 COUNTY REGISTRAR. COUNTY REGISTRAR.