

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. 111  
 Co. Registrar's No. 508  
 Local Registrar's No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

FULL NAME OF CHILD Leon Lasher, 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 \_\_\_\_\_ Legiti- mate?  Yes Date of Birth 10 3 1911  
 Month Day Yr.

**FATHER**  
 Full Name George A. Barnes,  
 Residence Globe,  
 Color or Race White Age at last Birthday 45 Years  
 Birthplace Missouri  
 Occupation Clerk

**MOTHER**  
 Full Maiden Name Viola Lasher,  
 Residence Globe,  
 Color or Race White Age at last Birthday 35 Years  
 Birthplace Missouri  
 Occupation Housewife,

Number of child of this Mother 2 Number of Children, of this mother, now living 2 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 10-3rd. 1911, at 8,30 P. M.

\*When there is no attending physi- cian or midwife, then the householder should make this return.

Signature G. E. W. W. W.  
 Attending physician, midwife, householder.\*

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

Address Globe, Ariz.

322-1003-539  
 COUNTY REGISTRAR.

Filed 10/6 1911 Filed Nov 5 1911  
 A True Copy  
B. E. Jay LOCAL REGISTRAR.  
B. E. Jay COUNTY REGISTRAR.