

192

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each child, and a SEPARATE RETURN 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. 142
Co. Registrar's No. 596
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

FULL NAME OF CHILD Grace Elizabeth Tupper. 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>11</u> <u>20</u> <u>1921</u>	Month <u>11</u> Day <u>20</u> Yr. <u>1921</u>
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<p>FATHER</p> <p>Full Name <u>Charles R. Tupper,</u></p> <p>Residence <u>Miami, Ariz.</u></p> <p>Color or Race <u>White,</u> Age at last Birthday <u>34</u> Years</p> <p>Birthplace <u>Calif.</u></p> <p>Occupation <u>Supt. of Schools.</u></p>	<p>MOTHER</p> <p>Full Maiden Name <u>Grace C. Alexander,</u></p> <p>Residence <u>Same.</u></p> <p>Color or Race <u>White</u> Age at last Birthday <u>23</u> Years</p> <p>Birthplace <u>Arizona.</u></p> <p>Occupation <u>Housewife.</u></p>
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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* 6, 45

I hereby certify that I attended the birth of the above child; and that it occurred on 11/20, 1921, at A. M.

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

Signature G. E. W. [Signature]
Attending physician, midwife, householder.*
Address Globe, Ariz.

Given or Christian name added from a supplemental report _____ 191____

739-1120-719
COUNTY REGISTRAR.

Filed 11/24 1921
A True Copy
Filed Dec 5 1921
LOCAL REGISTRAR.
COUNTY REGISTRAR.