

4575

This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH **ARIZONA STATE BOARD OF HEALTH**  
 County of Gila BUREAU OF VITAL STATISTICS State Index No. 116  
 District of Globe ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 18  
 City of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 Name of Globe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Full Name of Child John Michael Andrews Born  YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive  NO

Sex of Child <u>male</u>	Twin, Triplet or other <u>—</u>	and	Number in order of birth <u>1</u>	Legitimacy <u>yes</u>	Date of Birth <u>Jan. 17, 1922</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Name <u>Charles B. Andrews</u>			Full Maiden Name <u>Margaret Fegan</u>		
Residence <u>Globe, Ariz</u>			Residence <u>Globe, Ariz</u>		
Race <u>white</u> Age at last Birthday <u>37</u> (Years)			Color or Race <u>white</u> Age at last Birthday <u>28</u> (Years)		
Birthplace <u>Texas</u>			Birthplace <u>England</u>		
Occupation <u>Cashier in Bank</u>			Occupation <u>House wife</u>		

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 Jan. 17, 1922, at 5:30 P.M.  
 (Signature) Clarence Guiter, M.D.  
 (Attending physician, midwife, householder.)

Given or Christian name added from a \_\_\_\_\_ Address \_\_\_\_\_  
 Supplemental report \_\_\_\_\_ 1922 Filed Jan 20 1922 B. G. Jay LOCAL REGISTRAR.  
112-117-165 A True Copy Filed Feb 5 1922 B. G. Jay COUNTY REGISTRAR.  
 COUNTY REGISTRAR. COUNTY REGISTRAR.