2345

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128

Co. Registrar's No. 60

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila,

District of Globe,

Town of _____ or City of Globe.

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Leonard Snyder,

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child: Male, | Twin, Triplet or other: | and | Number in order of birth: | Legitimate? Yes | Date of Birth: 2 (Month) 27 (Day) 1922 (Yr.)

FATHER

Full Name: William Snyder,

Residence: Globe,

Color or Race: White | Age at last Birthday: 39 Years

Birthplace: Russia,

Occupation: Prop. Junk Dealer,

MOTHER

Full Maiden Name: Rose Schneedman,

Residence: Globe,

Color or Race: White | Age at last Birthday: 26 Years

Birthplace: Chicago,

Occupation: Housewife,

Number of child of this Mother: 1 | Number of Children, of this mother, now living: 1 | 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 2/27, 1922 at 1.15 A.M.

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

Signature [illegible]
Attending physician, midwife, householder.*

Address Globe, Arizona.

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

Filed 2-28 1922 [illegible] LOCAL REGISTRAR.

329-227-925 COUNTY REGISTRAR.

Filed 3-6 1922 A True Copy [illegible] COUNTY REGISTRAR.

the number of each. A order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.