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N. B.--In case of more than one child at birth, a SEPARATE REPORT must be made for each, giving 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.

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 147
 ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 148
 Local Registrar's No. _____

FULL NAME OF CHILD Rosmary Virginia Maurel Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Female Twin, Triplet or other Other and { Number in order of birth L Legiti- mate? yes Date of Birth March 14, 22 1911
 Month Day Yr.

Full Name FATHER
Emile Maurel
 Residence Globe, Ariz.
 Color or Race White Age at last Birthday 39 Years
 Birthplace Globe, Ariz.
 Occupation Engineer

Full Name MOTHER
Carrie Fleming
 Residence Globe, Ariz.
 Color or Race White Age at last Birthday 33 Years
 Birthplace Ind.
 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* 5:10

I hereby certify that I attended the birth of the above child; and that it occurred on March 14 1922, at A.M.

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

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

*Given or Christian name added from a
 supplemental report _____ 191_____
943-314-367
 COUNTY REGISTRAR.

Address _____
 Filed 5/5 1922
 A True Copy
 Filed 5/5 1922
[Signature]
 LOCAL REGISTRAR.
 COUNTY REGISTRAR.