

1669

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and 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 Gila
 District of Globe
 Town of _____
 or
 City of Globe (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 105
 Co. Registrar's No. 190
 Local Registrar's No. _____

FULL NAME OF CHILD Ernest Edward Nelson, Jr. Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ***

Sex of Child Male Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate? Yes Date of Birth 5 13 1912
 Month Day Yr.

Full Name FATHER
James Edward Nelson,
 Residence Globe,
 Color or Race White, Age at last Birthday 45 Years
 Birthplace Texas
 Occupation Miner

Full Maiden Name MOTHER
Mary J. Miller,
 Residence Globe,
 Color or Race White Age at last Birthday 38 Years
 Birthplace Texas,
 Occupation Housewife,

Number of child of this Mother 8 Number of Children, of this mother, now living 7 Were precautions taken against Ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 3,45

I hereby certify that I attended the birth of the above child; and that it occurred on 5/13, 1912, at A.M.

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

Signature G. E. Weighman
 Attending physician, midwife, householder.*
 Address Globe, Ariz.

Given or Christian name added from a supplemental report _____ 191_____
555-513-449
 COUNTY REGISTRAR.

Filed 5/17 1912
 Filed 6/5 1912 A True Copy
B. G. Jox LOCAL REGISTRAR.
B. G. Jox COUNTY REGISTRAR.