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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 91

Co. Registrar's No. 283

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 Louis Fredrick, Sniffen

Born Alive YES ~~NO~~

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

Sex of Child Male | Twin, Triplet or other and Number in order of birth | Legitimate? Yes | Date of Birth 7 Month 1 Day 1922 Yr.

FATHER

Full Name John M Sniffen,

Residence Pinal Creek,

Color or Race White Age at last Birthday 31 Years

Birthplace New Mexico,

Occupation Laborer,

MOTHER

Full Maiden Name Ella Boas,

Residence Same,

Color or Race White Age at last Birthday 27 Years

Birthplace Arkansas,

Occupation Housewife,

Number of child of this Mother 4 | Number of Children, of this mother, now living 4 | 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 7/1, 1922 at 4 P.M.

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

Signature G. E. Wightman

Attending physician, midwife, householder.*

Address Globe, Ariz.

Given or Christian name added from a supplemental report 191

Filed 7-5 1922

B. G. Fox

LOCAL REGISTRAR.

A True Copy

325-701-522

COUNTY REGISTRAR.

Filed 8-5 1922

B. G. Fox

COUNTY REGISTRAR.

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.