

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 111
Co. Registrar's No. 303
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

FULL NAME OF CHILD Malcolm Wallace, 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 _____	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>7</u> <u>10</u> <u>1922</u> Month Day Yr.
--------------------------	------------------------------	-----	--------------------------------	------------------------	---

FATHER		MOTHER	
Full Name <u>Homer Lyle Wallace,</u>	Residence <u>Globe,</u>	Full Maiden Name <u>Bessie Alice Yager,</u>	Residence <u>Globe,</u>
Color or Race <u>White,</u>	Age at last Birthday <u>36</u> Years	Color or Race <u>White,</u>	Age at last Birthday <u>28</u> Years
Birthplace <u>Oakland, Cal.</u>	Occupation <u>Minister,</u>	Birthplace <u>California,</u>	Occupation <u>Housewife,</u>

Number of child of this Mother 3 Number of Children, of this mother, now living 3 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 7/10, 1922 at 2A. M.

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

Signature H. E. Wright
Attending physician, midwife, householder.*

Address Globe, Ariz.

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

465-710-289
COUNTY REGISTRAR.

Filed 7-12 1922 B. G. J. et
LOCAL REGISTRAR.

Filed 8-5 1922 B. G. J. et
A True Copy COUNTY REGISTRAR.