990

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

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 185

Co. Registrar's No. 404

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 Elizabeth Mildred Chapman | Born Alive | YES ~~NO~~

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

Sex of Child Female | Twin, Triplet or other | and | Number in order of birth | Legitimate? Yes | Date of Birth 8 (Month) 28 (Day) 1922 (Yr.)

FATHER		MOTHER	
Full Name	Ernest Chapman,	Full Maiden Name	Elizabeth M. Richards,
Residence	Globe,	Residence	Globe,
Color or Race	White	Color or Race	White
Age at last Birthday	30 Years	Age at last Birthday	28 Years
Birthplace	England,	Birthplace	England,
Occupation	Miner,	Occupation	Housewife,

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 8/28, 1922, at 4,30 A. M.

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

Signature L. E. Wightman
Attending physician, midwife, householder.*

Address Globe, Arizona.

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

Filed 8/30 1922 — B. G. Fox, LOCAL REGISTRAR.

535-828-592 COUNTY REGISTRAR.

A True Copy

Filed 9/5 1922 — B. G. Fox, COUNTY REGISTRAR.