2570

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. 169

Co. Registrar's No. 508

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 Pauline Iles

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

Born Alive: YES ~~NO~~

Sex of Child: F

Twin, Triplet or other: and Number in order of birth:

Legitimate? yes

Date of Birth: 10 (Month) 29 (Day) 1922 (Yr.)

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Louis F Iles | Full Maiden Name | Margaret Childers |
| Residence | South Hill Globe | Residence | South Hill Globe |
| Color or Race | W | Color or Race | W |
| Age at last Birthday | 24 Years | Age at last Birthday | 24 Years |
| Birthplace | Ill | Birthplace | Arizona |
| Occupation | Bookkeeper | Occupation | House wife |

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*

I hereby certify that I attended the birth of the above child; and that it occurred on 10/22 1922 at 24 M.

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

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

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

Address .....

Filed 10/28 1922 — B. G. Fox
LOCAL REGISTRAR.

792-1029-432
COUNTY REGISTRAR.

Filed 11/6 1922 — A True Copy — B. G. Fox
COUNTY REGISTRAR.