

or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila,
District of Globe
Town of Globe.
or
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 101
Co. Registrar's No. 125
Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Olive Geraldine Young, } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } *******

Sex of Child Female } Twin, Triplet or other } and } Number in order of birth } Legitimate? } Date of Birth 11 3 1922
Yes. Month Day Yr.

FATHER
Full Name Brigham H. Young,
Residence Globe,
Color or Race White Age at last Birthday 23 Years
Birthplace Alabama,
Occupation Laborer

MOTHER
Full Maiden Name Lillie May Hill,
Residence Globe,
Color or Race White Age at last Birthday 31 Years
Birthplace Arizona.
Occupation Housewife,

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 11/3 1922 at 6A. M.

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

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

Given or Christian name added from a supplemental report _____ 191

Address Globe, Arizona.

687-1103-383
COUNTY REGISTRAR.

Filed Nov 6 1922
Filed Nov 15 1922 A True Copy

B. G. Joy
LOCAL REGISTRAR.
B. G. Joy
COUNTY REGISTRAR.