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.

PLACE OF BIRTH

County of Gila

District of Globe,

Town of

or

City of Globe,

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 162

Co. Registrar's No. 584

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Alta Mae Elmer,

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

Born Alive YES ~~NO~~

Sex of Child Female | Twin, Triplet or other and Number in order of birth | Legitimate? Yes, | Date of Birth 11 Month 29 Day 1922 Yr.

FATHER		MOTHER	
Full Name	Jarrett Elmer,	Full Maiden Name	Ida Webb,
Residence	Globe,	Residence	Globe,
Color or Race	White	Color or Race	White
Age at last Birthday	32 Years	Age at last Birthday	27 Years
Birthplace	Utah,	Birthplace	New Mexico,
Occupation	Laborer,	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 11/29, 1922 at 6 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 Dec 1 1922

B. G. Fox

LOCAL REGISTRAR.

159-1129-962

COUNTY REGISTRAR.

Filed Dec 6 1922

A True Copy

B. G. Fox

COUNTY REGISTRAR.