

1136

N. B.—In case of more than one child at a 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 the Local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

County of Yuma
District of Yuma
Town of Yuma
or
City of Yuma (No. 11)

CERTIFICATE OF BIRTH. Ter. Index No. 367
Register No. 152
St.; Yuma Ward

FULL NAME OF CHILD William J. ... { Born }
If child is not named, make Supplemental report on blank obtainable from local registrar. { Alive }
{ Yes }
{ Non }

Sex of Child <u>Male</u>	Twin, Triplet or other	and Number in order of birth <u>11</u>	Legitimate? <input checked="" type="checkbox"/>	Date of Birth <u>February 17</u> 19 <u>09</u> (Month) (Day) (Year)
Full Name FATHER <u>...</u>		Full Maiden Name MOTHER <u>...</u>		
Residence <u>...</u>		Residence <u>...</u>		
Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)	Color or Race	Age at last Birthday <u>...</u> (Years)	
Birthplace <u>...</u>		Birthplace <u>...</u>		
Occupation <u>...</u>		Occupation <u>...</u>		

Number of child of this mother..... Number of children, of this mother, now living..... Were precautions taken against Ophthalmia neonatorum?...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on....., 19....., at..... M
*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) ...
(Attending physician, midwife, householder. *)
Given or christian name added from a supplemental report 19..... Filed 19..... Address ...

FILED Jan 18 1910 B. E. ... LOCAL REGISTRAR.
COUNTY REGISTRAR. 435-203-725 COUNTY REGISTRAR.