1388

Write P... ly, with Unfading Ink.—This is a Perma... Record.

N. B.—In ca... o... e than one child at a birth, a SEPARATE RETURN must be made for each, and the number ... h, 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.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH.

Ter. Index No. ~~153~~ 62 599

PLACE OF BIRTH

County of Graham

District of

Town of Franklin

or

City of ..... (No. ..... St.; ..... Ward)

Register No. 1

FULL NAME OF CHILD James Henry Dees — Born Alive Yes ~~No~~

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

Sex of Child Male — Twin, Triplet or other — and — Number in order of birth — Legitimate? — Date of Birth June (Month) 26 (Day) 1909 (Year)

FATHER		MOTHER	
Full Name	Frank Dees	Full Maiden Name	Hilda Kartchner
Residence	Franklin	Residence	Franklin
Color or Race	White — Age at last Birthday 29 (Years)	Color or Race	White — Age at last Birthday 19 (Years)
Birthplace	Texas	Birthplace	Snowflake Wrig
Occupation	Farmer	Occupation	

Number of child of this mother 2 — Number of children, of this mother, now living 2 — Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Jun 26, 1909, at 4 A.M.

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

(Signature) F. L. Lister M.D.
(Attending physician, ~~midwife, householder~~ *)

Given or christian name added from a supplemental report ..... 19.....

Filed ..... 19..

Address Duncan Ar.

John Evans
LOCAL REGISTRAR.

Filed 9/1 1909 Law Bentley
COUNTY REGISTRAR.

COUNTY REGISTRAR.

145-626-829