

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.

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH.

PLACE OF BIRTH
 County of Apache
 District of St. Johns
 Town of St. Johns
 or
 City of _____

Ter. Index No. 4
 Register No. 4

(No. _____ St.; _____ Ward)

FULL NAME OF CHILD Marion Walter Wilhelm

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

Born Yes
 Alive No

Sex of Child	male	Twin, Triplet or other		and	Number in order of birth	Legiti mate?	yes	Date of Birth	July, 28, 1909
								(Month) (Day) (Year)	

FATHER			MOTHER		
Full Name	<u>Zahnera George Wilhelm</u>		Full Maiden Name	<u>Nancy Naomi Gibbons</u>	
Residence	<u>Laucha</u>		Residence	<u>Laucha</u>	
Color or Race	<u>white</u>	Age at last Birthday (Years) <u>35</u>	Color or Race	<u>white</u>	Age at last Birthday (Years) <u>31</u>
Birthplace	<u>Utah</u>		Birthplace	<u>Utah</u>	
Occupation	<u>Stock Raising</u>		Occupation	<u>Housewife</u>	

Number of child of this mother 4 | Number of children, of this mother, now living 4 | 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 July 28, 1909, at 11 P M

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

(Signature) L. C. Sherwood
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed 8/10 1909 Address St. Johns

LOCAL REGISTRAR. _____
 COUNTY REGISTRAR. 464 728-515 Filed _____ 19____