

in
return with

n. b.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each birth, stated. This certificate must be filed by the attending Physician or Midwife 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH
County of Cochise
District of Tombstone
Town of Tombstone
City of Tombstone (No. _____ St.; _____ Ward)
Register No. 43

REC'D OCT 11 1909

CERTIFICATE OF BIRTH. 47 ~~48~~ ~~49~~ ~~50~~ ~~51~~ ~~52~~ ~~53~~ ~~54~~ ~~55~~ ~~56~~ ~~57~~ ~~58~~ ~~59~~ ~~60~~ ~~61~~ ~~62~~ ~~63~~ ~~64~~ ~~65~~ ~~66~~ ~~67~~ ~~68~~ ~~69~~ ~~70~~ ~~71~~ ~~72~~ ~~73~~ ~~74~~ ~~75~~ ~~76~~ ~~77~~ ~~78~~ ~~79~~ ~~80~~ ~~81~~ ~~82~~ ~~83~~ ~~84~~ ~~85~~ ~~86~~ ~~87~~ ~~88~~ ~~89~~ ~~90~~ ~~91~~ ~~92~~ ~~93~~ ~~94~~ ~~95~~ ~~96~~ ~~97~~ ~~98~~ ~~99~~ ~~100~~

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

Sex of Child <u>Male</u>	Twin, Triplet or other	and Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>July 26</u> 19 <u>09</u> (Month) (Day) (Year)
FATHER Full Name <u>James Ross Gaudy</u>		MOTHER Full Maiden Name <u>Ida Doughton</u>		
Residence <u>Helvetic</u>		Residence <u>Helvetic</u>		
Color or Race <u>Caucasian</u>	Age at last Birthday <u>34</u> (Years)	Color or Race <u>Caucasian</u>	Age at last Birthday <u>31</u> (Years)	
Birthplace <u>Georgia U.S.A.</u>		Birthplace <u>Texas - U.S.A.</u>		
Occupation <u>Miner</u>		Occupation <u>Housewife</u>		

Number of child of this mother 7 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 26, 1909, at 3:45 A.
*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

Given or christian name added from a supplemental report _____ 19____
(Signature) W. H. Doughton
(Attending physician, midwife, householder. *)
Address Tombstone

Filed July 26 1909 LOCAL REGISTRAR.
County Registrar W. H. Doughton
Filed Oct 6 1909 COUNTY REGISTRAR.
County Registrar W. H. Doughton
578-706-925