

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. 687

PLACE OF BIRTH
 County of Tula
 District of _____
 Town of _____
 or
 City of Tulsa (No. _____)

Register No. X 29
 St.; _____ Ward)

FULL NAME OF CHILD Emma Passco
 If child is not named, make Supplemental report on blank obtainable from local registrar. Born Alive No

Sex of Child <u>Girl</u>	Twin, Triplet or other <u>+</u>	and {	Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July - 17 - 1909</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Antonio Passco</u>			Full Maiden Name <u>Marie Hall</u>		
Residence <u>Tulsa</u>			Residence <u>Tulsa</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>44</u> (Years)			Age at last Birthday <u>27</u> (Years)		
Birthplace <u>Italy</u>			Birthplace <u>Italy</u>		
Occupation <u>Miner</u>			Occupation <u>None</u>		

Number of child of this mother 3 Number of children, of this mother, now living 3 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 July 17, 1909, at 11 A.M.

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

(Signature) A. F. Shaw
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____
 Filed 7-21 1909 Address Tulsa
B.S. J. M. D.
 LOCAL REGISTRAR.

Filed Aug 2 1909 B.S. J. M. D.
 COUNTY REGISTRAR. COUNTY REGISTRAR.

525-717-486