100

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. Ter. Index No. 70

PLACE OF BIRTH

County of Gila

District of San Carlos

Town of

or

City of

Register No. 40

(No. St.; Ward)

FULL NAME OF CHILD Little Jones

Born Alive Yes ~~No~~

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

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

FATHER		MOTHER	
Full Name	John E. Jones	Full Maiden Name	Marie F. Wilda
Residence	San Carlos	Residence	San Carlos
Color or Race	W	Color or Race	W
Age at last Birthday	45 (Years)	Age at last Birthday	34 (Years)
Birthplace	Ill.	Birthplace	Ala.
Occupation	Clerk	Occupation	Housekeeper

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 26, 1909, at 2 a. m.

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

(Signature) Carl B. Boyd

(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 19

Filed July 27 1909

Address San Carlos Ariz

J. Hudson

LOCAL REGISTRAR.

312-726-461

COUNTY REGISTRAR.

Filed Aug 6 1909

B. G. Fox M.D.

COUNTY REGISTRAR.