

N. H.—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. 76x
76

PLACE OF BIRTH
 County of Gila
 District of Black Marston
 Town of _____
 or
 City of _____ (No. _____)

Register No. 36
 St.; _____ Ward)

FULL NAME OF CHILD Gilian Hill

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

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 30</u> 19 <u>09</u>
FATHER Full Name <u>Oron Hill</u> Residence <u>Inspiration</u> Color or Race <u>white</u> Age at last Birthday <u>31</u> (Years) Birthplace <u>Texas</u> Occupation <u>miner</u>		MOTHER Full Maiden Name <u>Laura Bradberry</u> Residence <u>Inspiration</u> Color or Race <u>white</u> Age at last Birthday <u>19</u> (Years) Birthplace <u>Carlsbad New Mex</u> Occupation <u>House wife</u>			

Number of child of this mother 1 | Number of children, of this mother, now living 1 | 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 30, 1909, at 1:56 P. M.

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

(Signature) W. E. McWhitt, M.D.
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____

Filed July 31 1909 Address Main St. B.G. Fox M.D.
 LOCAL REGISTRAR.

Filed Aug 2 1909 B.G. Fox M.D.
 COUNTY REGISTRAR.

383-730-328