

A separate return must be made for each, and the number of each, in order to  
 birth, stated. This certificate must be filed by the attending Physician or Midwife within  
 5 days after birth.

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS.  
**CERTIFICATE OF BIRTH.**

PLACE OF BIRTH  
 County of Yuma  
 District of San Carlos  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Register No. 40  
 Ter. Index No. 79

FULL NAME OF CHILD \_\_\_\_\_  
 If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child	<u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth	19 <u>09</u>
						<u>July</u> <u>31</u>	(Month) (Day) (Year)
FATHER				MOTHER			
Full Name	<u>Charles H Davis</u>			Full Maiden Name	<u>Josa Castel</u>		
Residence	<u>Yslobo</u>			Residence	<u>Yslobo</u>		
Color or Race	<u>White</u>	Age at last Birthday	<u>36</u>	Color or Race	<u>White</u>	Age at last Birthday	<u>34</u>
		(Years)				(Years)	
Birthplace	<u>Missouri</u>			Birthplace	<u>Missouri</u>		
Occupation	<u>Miner</u>			Occupation	<u>Housekeeper</u>		

Number of child of this mother. 2 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 31, 1909, at 4 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 Aug 1 1909 Address Yslobo

COUNTY REGISTRAR. Filed Aug 6 1909 LOCAL REGISTRAR. B. G. Soy W. D.  
 COUNTY REGISTRAR.

042-731-133