357

Write [illegible] ly, with Unfading Ink.—This [illegible]

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. 26 ~~[illegible]~~ ✓

PLACE OF BIRTH

County of Cochise

District of

Town of or City of Douglas

(No. Cor 8 & H St.; Ward)

Register No. 67

FULL NAME OF CHILD Simon

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

Born Alive Yes No

Sex of Child	Twin, Triplet or other	and Number in order of birth	Legitimate?	Date of Birth
Male	\	\	Yes	Aug (Month) 7 (Day) 1909 (Year)

FATHER		MOTHER	
Full Name	Elias Simon	Full Maiden Name	Misadaseva Simon
Residence	Douglas	Residence	Douglas
Color or Race	Syrian	Color or Race	Syrian
Age at last Birthday	47 (Years)	Age at last Birthday	44 (Years)
Birthplace	Syria	Birthplace	Syrian
Occupation	Store	Occupation	Housewife

Number of child of this mother 13 | Number of children, of this mother, now living 8 | 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 8-7, 1909, at P M

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

(Signature) J. Armstrong
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 19.....

Filed 11/5 1909 Address Douglas Ariz

Malpine
LOCAL REGISTRAR.

Filed Oct 12 1909 A R Hickman
COUNTY REGISTRAR.

COUNTY REGISTRAR.

035-807-535