

RECORDS - THIS IS A PERSONAL RECORD

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. Tar. Index No. 88

PLACE OF BIRTH
County of Gila
District of San Carlos
Town of San Carlos
or
City of _____ (No. _____ St.; _____ Ward)

Register No. 64

FULL NAME OF CHILD _____ } Born } Yes }
Alive } No }

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 <u>2</u>	Legitimate? <u>No</u>	Date of Birth <u>August 10</u> 19 <u>09</u>
Full Name <u>Brown</u>		FATHER		Full Maiden Name <u>Ruth Jose</u>	
Residence <u>Criston Arizona</u>		MOTHER		Residence <u>San Carlos Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>Not known</u>	(Years)		Color or Race <u>Indian</u>	Age at last Birthday <u>Not known</u>
Birthplace <u>Iowa</u>		Occupation <u>Miner</u>		Birthplace <u>Arizona</u>	
		Occupation <u>Housewife</u>			

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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 Aug. 10, 1909, at 3 P. M.

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

(Signature) Ruth Jose
(Attending physician, midwife, householder, *)

Given or christian name added from a supplemental report _____ 19____ Filed Sept. 4 1909 Address San Carlos Ariz.

Carl B. Boyd M.D.
LOCAL REGISTRAR.

Filed Sept 9 1909
COUNTY REGISTRAR. 025 - 810 - 915 COUNTY REGISTRAR.