

Write Plainly, with Unfading Ink.—This is a Permanent 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.

PLACE OF BIRTH
 County of Bila
 District of _____
 Town of _____
 or
 City of Clote
 (No. Copiers Hill)

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS.
 CERTIFICATE OF BIRTH. 74 Ter. Index No.
 Register No. 73 St.; _____ Ward)

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

Sex of Child <u>Male</u>	TWIN, triplet or other _____	Number in-order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>Sept 7</u> 19 <u>09</u> (Month) (Day) (Year)	Born Alive <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Name <u>William Patk Hughes</u>		FATHER		MOTHER	
Residence <u>Copiers Hill</u>		Full Maiden Name <u>Annie S. Drenth</u>		Residence <u>Copiers Hill</u>	
Color or Race <u>Caucasian</u>	Age at last Birthday <u>32</u> (Years)	Color or Race <u>Caucasian</u>	Age at last Birthday <u>27</u> (Years)	Birthplace <u>Texas</u>	
Birthplace <u>Kentucky</u>		Occupation <u>Business</u>		Occupation <u>Housewife</u>	

Number of child of this mother _____ Number of children, of this mother, now living _____ 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 Sept 7, 1909, at 12 AM

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

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

(Signature) W. E. Wright
 (Attending physician, midwife, householder. *)

Address Clote
B. G. Gray M.D.
 LOCAL REGISTRAR.

Filed Sept 10 1909
 Filed Oct 1 1909 B. G. Gray M.D.
 COUNTY REGISTRAR. COUNTY REGISTRAR.

082-907-145