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Write in ink, with Fading 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.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS. 80
CERTIFICATE OF BIRTH. Ter. Index No. ~~79~~

PLACE OF BIRTH
County of Gila
District of _____
Town of _____
or
City of Albu (No. Cuprich) Register No. 79
St.; _____ Ward

FULL NAME OF CHILD _____
If child is not named, make Supplemental report on blank obtainable from local registrar. Born Yes
Alive No

Sex of Child <u>Male</u>	<input checked="" type="checkbox"/> Twin <input type="checkbox"/> MZygote or other	and	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>Sept. 17</u> 19 <u>09</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Maced G. Valenovich</u>			Full Maiden Name <u>Annie Valenovich</u>		
Residence <u>Albu</u>			Residence <u>Albu</u>		
Color or Race <u>white</u>	Age at last Birthday <u>43</u> (Years)		Color or Race <u>white</u>	Age at last Birthday <u>40</u> (Years)	
Birthplace <u>Austria</u>			Birthplace <u>Austria</u>		
Occupation <u>Miner</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 17, 1909, at Albu

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

(Signature) G. E. Wylton (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed Sept 21 1909 Address Albu

COUNTY REGISTRAR. Filed Oct 1 1909 B. S. Fox LOCAL REGISTRAR.
038 - 912 - 108 COUNTY REGISTRAR.