

Write plainly, with unobscuring ink. This is a Federal form. 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. 93*

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of _____
 or Globe
 City of _____ (No. _____) Register No. 90
 St.; _____ Ward)

FULL NAME OF CHILD Scotia Amelia Stoner Born Yes
Alive No

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

Sex of Child <u>7</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>Oct 12</u> 19 <u>09</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Sam James Stoner</u>			Full Maiden Name <u>Hattie Amelia Stephen</u>		
Residence <u>319 North St</u>			Residence <u>Same</u>		
Color or Race <u>White</u>		Age at last Birthday <u>34</u> (Years)		Color or Race <u>White</u> Age at last Birthday <u>36</u> (Years)	
Birthplace <u>Missouri</u>			Birthplace <u>Buller, Mo.</u>		
Occupation <u>Auto Engineer</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 Oct 12, 1909, at 4 AM

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

(Signature) [Signature]
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed Oct 16 1909 Address Globe

328-1012-822 COUNTY REGISTRAR. Filed Nov 1 1909 LOCAL REGISTRAR. B. G. S. W. W. COUNTY REGISTRAR.