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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH.

Ter. Index No. 72

Register No. 124

PLACE OF BIRTH

County of Gila

District of

Town of San Carlos

or

City of

(No. St.; Ward)

FULL NAME OF CHILD

Born Alive { Yes / ~~No~~ }

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

Sex of Child: Male | Twin, ~~Triplet or other~~ | and | Number in order of birth: 3 | Legitimate? Yes | Date of Birth: Nov (Month) 1 (Day) 1909 (Year)

FATHER	MOTHER
Full Name: Shelton Jackson	Full Maiden Name: Leona Jackson
Residence: San Carlos Arizona	Residence: San Carlos Arizona
Color or Race: Indian	Color or Race: Indian
Age at last Birthday: 30 (Years)	Age at last Birthday: 27 (Years)
Birthplace: Arizona Ter.	Birthplace: Arizona Ter.
Occupation: Laborer	Occupation: Housewife

Number of child of this mother: 4 | Number of children, of this mother, now living: 3 | Were precautions taken against Ophthalmia neonatorum? Not known

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on ....., 19....., at ..... M

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

(Signature) .....

(Attending physician, midwife, householder. *)

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

Filed ..... 19.....

Address Carl B. Boyd M.D.

LOCAL REGISTRAR.

Filed Dec 9 1909

B. G. Lay M.D.

COUNTY REGISTRAR.

COUNTY REGISTRAR.

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.

This is a Permanent Record.