

1909

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 such births, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar, 5 days after birth.

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 94 ✓

PLACE OF BIRTH  
County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
City of Globe (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Register No. 148

FULL NAME OF CHILD Eleanor Francis Dayton 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 <input checked="" type="checkbox"/> | and Number in order of birth <u>1</u>                             | Legitimate? <u>Yes</u> | Date of Birth <u>Dec. 20</u> 19 <u>09</u><br>(Month) (Day) (Year) |
| FATHER  |  | MOTHER  |                        |   |
| Full Name <u>Walter Stewart Dayton</u>                            |  | Full Maiden Name <u>Florence May Dayton</u>                       |                        |   |
| Residence <u>655 Second St</u>                                    |  | Residence <u>Same</u>   |                        |   |
| Color or Race <u>White</u> Age at last Birthday <u>32</u> (Years) |  | Color or Race <u>White</u> Age at last Birthday <u>22</u> (Years) |                        |   |
| Birthplace <u>San Francisco</u>                                   |  | Birthplace <u>St Paul, Minn.</u>                                  |                        |   |
| Occupation <u>Real Estate &amp; Ins.</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 Dec 20, 1909, at 79 M.

\*When there is no attending physician or midwife, then the householder must make this return.

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

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_ Filed Dec 24 1909 Address Globe

545-1220-645 Filed Jan 1 1910 B. S. Day M.D. LOCAL REGISTRAR.  
COUNTY REGISTRAR. B. S. Day M.D. COUNTY REGISTRAR.