2246

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 81

Register No. 166

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

(No. ..... St.; ..... Ward)

FULL NAME OF CHILD Alexandero Trujillo — Born Alive Yes No.

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

Sex of Child M | Twin, Triplet or other | and Number in order of birth 4 | Legitimate? yes | Date of Birth 1 (Month) 20 (Day) 1909 (Year)

FATHER		MOTHER	
Full Name	Alexandero Trujillo	Full Maiden Name	Chick Trujillo
Residence	S Globe	Residence	S Globe
Color or Race	Mex	Color or Race	Mex
Age at last Birthday (Years)	23	Age at last Birthday (Years)	24
Birthplace	Mex	Birthplace	Mex
Occupation	R Laborer	Occupation	Housewife

Number of child of this mother 4 | Number of children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum? yes

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX FEB 11 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Jan 20, 1910, at 4 P.M.

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

(Signature) R D Kennedy (Attending physician, midwife, householder. *)

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

Filed Jan 22 1910 Address Globe

B. G. Fox M.D. LOCAL REGISTRAR.

A TRUE COPY.

13-6-120-336 COUNTY REGISTRAR.

Filed Feb 1 1910 B. G. Fox M.D. COUNTY REGISTRAR

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.