2251

Write Pl[illegible]y, with Unfading Ink.—This is a Perm[illegible] 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.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 85

Register No. ~~40~~ 39

PLACE OF BIRTH

County of Gila

District of San Carlos

Town of San Carlos

or

City of .....

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

FULL NAME OF CHILD William Pliny Hudson — 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 single and Number in order of birth 6 | Legitimate? yes | Date of Birth Jan (Month) 25 (Day) 1910 (Year)

FATHER		MOTHER	
Full Name	Young P. C. Hudson	Full Maiden Name	Margarett D Clark
Residence	San Carlos.	Residence	~~Missouri~~ San Carlos
Color or Race	White	Color or Race	White
Age at last Birthday	48. (Years)	Age at last Birthday	39 (Years)
Birthplace	Missouri	Birthplace	Missouri
Occupation	Propr Hotel	Occupation	Housewife

Number of child of this mother 6 | Number of children, of this mother, now living 6 | 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 Jan, 1910, at 2:50 A.M.

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

(Signature) Y Hudson
(Attending physician, midwife, householder. *)

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

Filed Mch. 5 1910

Address San Carlos

A TRUE COPY.

Carl B. Boyd, M.D.
LOCAL REGISTRAR.

685-125-437 Filed Mar 7 1910 B. G. Fox M.D.
COUNTY REGISTRAR. COUNTY REGISTRAR