2252

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 86

Register No. 168

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe (No. St.; Ward)

FULL NAME OF CHILD Ruth Ferguson — Born Alive Yes

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

Sex of Child F | Twin, Triplet or other and Number in order of birth 1 | Legitimate? yes | Date of Birth Jan 25 1910 (Month) (Day) (Year)

FATHER		MOTHER	
Full Name	Jas Ferguson	Full Maiden Name	Emma Ferguson
Residence	P. Hill	Residence	P. Hill
Color or Race	W	Color or Race	W
Age at last Birthday	32 (Years)	Age at last Birthday	30 (Years)
Birthplace	Can	Birthplace	Cal
Occupation	Clerk	Occupation	Housewife

Number of child of this mother 1 | Number of children, of this mother, now living 1 | 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 25, 1910, at 11 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 26 1910 Address Globe

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

A TRUE COPY.

[illegible] Filed Feb 1910 B. G. Fox M.D. COUNTY REGISTRAR.

COUNTY REGISTRAR.

Write Family, 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.