2294

CERTIFICATE AMENDED
SEE NOTATION

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 122

Date of birth amended per Aff of Reg., Church Record + Cert. of Registration

Register No. 247

(No. 5-2-66 (10-4-72 cl) St.; Ward)

PLACE OF BIRTH

County of Graham

District of

Town of Thatcher

or

City of

FULL NAME OF CHILD Fern Coplan — Born Alive Yes ~~No~~

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

Sex of Child f. — Twin, ~~Triplet or other~~ Twin and Number in order of birth 8 — Legitimate? yes — Date of Birth Dec. 23 (Month) (Day) 1909 (Year)

FATHER		MOTHER	
Full Name	Walter W. Coplan	Full Maiden Name	Sarah Harriet Earl
Residence	Thatcher	Residence	Thatcher
Color or Race	w. — Age at last Birthday 48 (Years)	Color or Race	white — Age at last Birthday 38 (Years)
Birthplace	Utah	Birthplace	Utah
Occupation	labour	Occupation	

Number of child of this mother 8 — Number of children, of this mother, now living 8 — Were precautions taken against Ophthalmia neonatorum?

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS AUG 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 23, 1910, at 4 p.m.

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

(Signature) Virginia Curtis (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 19..... Filed ..... 19..... Address Thatcher

A TRUE COPY. LOCAL REGISTRAR.

Filed 8/3 1910 Lew Butch

COUNTY REGISTRAR. COUNTY REGISTRAR

Write Plainly, with Untading 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.