

2542

Write only, 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.

PLACE OF BIRTH
County of Cochise
District of _____
Town of _____
City of Bisbee

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.
ORIGINAL CERTIFICATE OF BIRTH. 16
Register No. 68
(No. _____ St.; _____ Ward)

FULL NAME OF CHILD _____
If child is not named, make Supplemental report on blank obtainable from local registrar. Born Yes
Alive No

| | | | | |
|--|---|---------------------------------------|---|---|
| Sex of Child <u>female</u> | Twin, Triplet or other _____ | and Number in order of birth <u>6</u> | Legiti mate? <u>yes</u> | Date of Birth <u>Feb 6</u> 19 <u>10</u> (Month) (Day) (Year) |
| Full Name <u>Ch. Hannon</u> | FATHER | | Full Maiden Name <u>Laura Gieson</u> | MOTHER |
| Residence <u>Bisbee Extension Minn</u> | Age at last Birthday <u>49</u> (Years) | | Residence <u>Bisbee Extension Minn.</u> | Age at last Birthday <u>34</u> (Years) |
| Color or Race <u>white</u> | Birthplace <u>Alabama</u> | | Color or Race <u>white</u> | Birthplace <u>Mississippi</u> |
| Occupation <u>Physician</u> | Number of children, of this mother, now living <u>4</u> | | Occupation <u>housewife</u> | Were precautions taken against Ophthalmia neonatorum? <u>Y</u> |

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
RECEIVED at PHOENIX
MAR 17 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child; and that it occurred on Feb 6, 1910, at 2 P. M
(Signature) J. P. Blanton
(Attending physician, midwife, householder, *)

Given or christian name added from a supplemental report _____ 19____
Filed Feb 25 1910 Address Bisbee
085-206-374 Filed 3/14 1010 LOCAL REGISTRAR
COUNTY REGISTRAR