2597

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.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 58

PLACE OF BIRTH

County of Gila

District of

Town of Hayden
or
City of

Register No. 25

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

FULL NAME OF CHILD Marion Gilbert

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

Born Alive Yes

Sex of Child Female | ~~Twin, Triplet or other~~ | and Number in order of birth 2 | Legitimate? Yes | Date of Birth Feb. 2 (Month) (Day) 1910 (Year)

FATHER		MOTHER	
Full Name	Andrew J. Gilbert	Full Maiden Name	Nancy May Barber
Residence	Hayden Gila Co A.T.	Residence	Hayden Gila Co A.T.
Color or Race	White Amer	Color or Race	White Amer
Age at last Birthday	27 (Years)	Age at last Birthday	23 (Years)
Birthplace	Clarksville Tenn	Birthplace	Clarksville Tenn.
Occupation	Civil Engineer	Occupation	House Wife

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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 2/2, 1910, at 4 A.M

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

(Signature) F. W. Randall M.D.
(Attending physician, midwife, householder. *)

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

Filed Feb 15 1910

Address Winkelman Ariz

F. W. Randall M.D.
LOCAL REGISTRAR.

A TRUE COPY.

475-202-529
COUNTY REGISTRAR.

Filed Mar 1 1910

B. G. [illegible] M.D.
COUNTY REGISTRAR