

2601

in order to
the

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH
County of Gila
District of San Carlos
Town of San Carlos
City of _____
(No. # 39 Jan Dist.)
ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 62
Register No. 240

FULL NAME OF CHILD Frederick Clare Pritchard } Born Yes }
Alive 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) 9 Legiti mate? yes Date of Birth Feb. 5 19 10
(Month) (Day) (Year)
Full name of FATHER Arthur Pritchard Full Maiden Name of MOTHER Minnie Bellman
Residence San Carlos Residence San Carlos
Color or Race White Age at last Birthday 47 (Years) Color or Race White Age at last Birthday 40 (Years)
Birthplace England Birthplace England
Occupation Carpenter Occupation House-Wife
Number of child of this mother 9 Number of children, of this mother, now living 7 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 Feb 5, 1910, at 10 A.M.
*When there is no attending physician or midwife, then the householder must make this return.
(Signature) Carl B. Boyd, M.D. (Attending physician, midwife, householder. *)
Given or christian name added from a supplemental report _____ 19____ Filed Mar 5 1910 Address San Carlos
Carl B. Boyd M.D.
A TRUE COPY. LOCAL REGISTRAR.
674-205-425 Filed Mar 7 1910 D. S. J. W. W. COUNTY REGISTRAR.

Birth, stated, 7 days after birth.