2615

Write ...inly, 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 Gila

District of Black Warrior

Town of

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 72

Register No. 45

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

FULL NAME OF CHILD .....

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

Born Alive Yes ~~No~~

Sex of Child Female | Twin, Triplet or other | and | Number in order of birth | Legitimate? yes | Date of Birth February 18 (Month) (Day) 1910 (Year)

FATHER

Full Name Walter E. Brice

Residence Black Warrior

Color or Race W | Age at last Birthday 32 (Years)

Birthplace Texas

Occupation Miner

MOTHER

Full Maiden Name Nellie Gunwell

Residence Black Warrior

Color or Race W | Age at last Birthday 26 (Years)

Birthplace Phoenix Ariz

Occupation House wife

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX APR 12 1910

Number of child of this mother 2 | Number of children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb 18, 1910, at 1 a M

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

(Signature) W. E. McWhirt

(Attending physician, midwife, householder. *)

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

A TRUE COPY

J. P. Bauville

LOCAL REGISTRAR.

025-218-573

COUNTY REGISTRAR.

Filed Mar 28 1910

B. S. Fox MW

COUNTY REGISTRAR