

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, midwife, or householder, within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH  
County of Cochise  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or City of Bisbee (No. Barren Gulch St.; \_\_\_\_\_ Ward)  
Register No. 126  
ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_ { Born Yes }  
 { Alive Yes }

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

Sex of Child <u>Female</u>	with, complaint or other _____	and Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 10</u> 19 <u>10</u> (Month) (Day) (Year)
FATHER Name <u>Elmer Sigmund</u>		MOTHER Name <u>Mary Sigmund</u>		
Residence <u>Bisbee Ariz</u>		Residence <u>Bisbee Ariz</u>		
Color or Race <u>White</u>	Age at last Birthday <u>26</u> (Years)	Color or Race <u>Mexican</u>	Age at last Birthday <u>19</u> (Years)	
Birthplace <u>Sigmund Ariz</u>		Birthplace <u>Hermosillo Mexico</u>		
		Occupation <u>Housewife</u>		

Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? No

ARIZONA TERRITORIAL BOARD OF HEALTH  
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RECEIVED  
APR 16 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on 3/10, 1910, at 4 P. M.  
 \*When there is no attending physician or midwife, then the householder must make this return.  
 (Signature) Chas. F. Stawley M.D.  
 (Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_  
 Filed March 21 1910 Address Bisbee Ariz

John Hagan LOCAL REGISTRAR  
 Filed 4-14 10 10 W. R. Dickman COUNTY REGISTRAR  
 443-310-478