

THIS WILL UNTRACING 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 with the attending Physician or Midwife with the Local Registrar within 3 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH  
County of Gila  
District of \_\_\_\_\_  
Town of Pine  
or  
City of \_\_\_\_\_  
ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 71  
Register No. 55  
St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Melvin Fuller Randall Born  Alive

Sex of Child <u>M</u>	Twin, Triplet or other _____	and Number in order of birth _____	Legitimate? _____	Date of Birth <u>Mar 2</u> 19 <u>10</u> (Month) (Day) (Year)
Full Name <u>FATHER</u> <u>Walter John Randall</u>		Full Maiden Name <u>MOTHER</u> <u>Martha Florence Fuller</u>		
Residence _____		Residence _____		
Color or Race <u>white</u>	Age at last Birthday <u>34</u> (Years)	Color or Race <u>white</u>	Age at last Birthday <u>33</u> (Years)	Birthplace <u>Parisburgh, Washington Co., Utah</u>
Birthplace <u>Stockman</u>		Birthplace <u>Parisburgh, Washington Co., Utah</u>		
Occupation _____		Occupation _____		

Number of children of this mother 5 Number of children, of this mother, now living 5 Were precautions taken against Ophthalmia neonatorum? no

RECEIVED AT PHOENIX  
APR 12 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on 3 2, 1910, at 9:15 PM

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

(Signature) \_\_\_\_\_  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_  
address Pine, Gila Co., Ariz.

493-302-469  
COUNTY REGISTRAR

Filed Mar 23 1910  
LOCAL REGISTRAR  
COUNTY REGISTRAR