99

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL

CERTIFICATE OF BIRTH.

Ter. Index No. 72

Register No. 95

PLACE OF BIRTH

County of Gila

District of

Town of Winkelman

or

City of (No. St.; Ward)

FULL NAME OF CHILD Philip Urrea Hand — Born Alive Yes

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

Sex of Child Male — Twin, Triplet or other — and — Number in order of birth 1st — Legitimate? Yes — Date of Birth Mch (Month) 3 (Day) 1910 (Year)

FATHER	MOTHER
Full Name Philip H. Hand	Full Maiden Name Susie M. Urrea
Residence Winkelman Ariz.	Residence Winkelman Ariz.
Color or Race American Caucas. — Age at last Birthday 40 yrs. (Years)	Color or Race Caucas. — Age at last Birthday 18 (Years)
Birthplace San Antonio Texas	Birthplace Tempe Arizona
Occupation Saloon	Occupation House Wife

Number of children, of this mother 1 — Number of children, of this mother, now living 1 — Were precautions taken against Ophthalmia neonatorum? Yes

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX MAY 18 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Mch. 3, 1910, at 8 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 May 14 1910 — Address Winkelman A.T.

B. G. Fox

LOCAL REGISTRAR.

TRUE COPY.

784-303-241

COUNTY REGISTRAR.

Filed May 14 1910 — B. G. Fox M.D.

COUNTY REGISTRAR.

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.

Write [illegible]nly, with Unfading Ink.—This is a Permanent Record.