

Write legibly, 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 San Carlos
Town of San Carlos
or
City of _____

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 74

Register No. 63
St.; _____ Ward)

FULL NAME OF CHILD

If child is not named, make Supplemental report on blank obtainable from local registrar. Born Yes No

Sex of Child <u>Male</u>	Twin, Triplet or other <u>Single</u>	and	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>March 5th</u> 19 <u>10</u>
Full Name <u>Ben Benson</u>			Full Maiden Name <u>Lizette Early</u>		
Residence <u>San Carlos Ariz.</u>			Residence <u>San Carlos Arizona</u>		
Color or Race <u>Indian</u>	Age at last Birthday <u>28</u> (Years)	Color or Race <u>Indian</u>		Age at last Birthday <u>27</u> (Years)	
Birthplace <u>Arizona</u>			Birthplace <u>Arizona</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		
Number of children of mother <u>2</u>			Number of children, of this mother, now living <u>2</u>		
Were precautions taken against Ophthalmia neonatorum? <u>not</u>					

ARIZONA TERRITORIAL BOARD OF HEALTH
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APR 15 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on _____, 19____, at _____ M

*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 Apr. 8 1910 Address C. B. Boyd M.D.

025-305-358
COUNTY REGISTRAR.

Filed April 13 1910 B. E. Jay WW
LOCAL REGISTRAR.
COUNTY REGISTRAR