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Write Plainly, 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.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 84

Register No. 62

PLACE OF BIRTH

County of Gila

District of Pine

Town of Strawberry

or

City of

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

FULL NAME OF CHILD (None) not named — Born Alive / ~~Yes~~ No

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 — Legitimate? Yes — Date of Birth: March (Month) 13 (Day) 1910 (Year)

FATHER		MOTHER	
Full Name	Alfred Fuller	Full Maiden Name	Mariam Wilson Fuller
Residence	Strawberry	Residence	Strawberry
Color or Race	White	Color or Race	White
Age at last Birthday	38 (Years)	Age at last Birthday	32 (Years)
Birthplace	Harrisburg, Utah	Birthplace	Richfield Utah
Occupation	Bunchers & Farmer	Occupation	

Number of child of this mother 9 — Number of children, of this mother, now living 6 — Were precautions taken against Ophthalmia neonatorum?...

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS 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 ....., 19....., at ..... M

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

(Signature) Mrs A Peach Morse (~~Attending physician~~, midwife, ~~householder~~)

Given or christian name added from a supplemental report ..... 19.....

Filed Mar 19.....

Address Pine

J L Patterson LOCAL REGISTRAR.

~~A TRUE COPY~~

069-313-465 COUNTY REGISTRAR.

Filed Mar 30 1910

B. G. Lox [illegible] COUNTY REGISTRAR