

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 3 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 86

PLACE OF BIRTH  
County of Chino  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_

Register No. 87  
St.; \_\_\_\_\_ Ward

FULL NAME OF CHILD Ernest John { Born  Yes  No  Alive  Dead

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 19 1910  
(Month) (Day) (Year)

FATHER  
Full Name William Edward Jones  
Residence Key Stone  
Color or Race W Age at last Birthday 33 (Years)  
Birthplace Missouri

MOTHER  
Full Maiden Name Hillie Jones  
Residence Key Stone  
Color or Race W Age at last Birthday 23 (Years)  
Birthplace Rockdale Texas

Occupation Mechanic Occupation House wife  
Number of child of this mother 2 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? -

Noted at PHOENIX  
MAY 14 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on March 19, 1910, at 8 P. M.

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

(Signature) M. E. McWhirter  
(Attending physician, midwife, householder\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_

Address Miami A. T.

512-319-312

Filed May 9 1910

A TRUE COPY.

J. P. Banville  
B. L. Cox  
LOCAL REGISTRAR.  
COUNTY REGISTRAR