

WIND 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. 92

PLACE OF BIRTH  
County of Maricopa  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Glendale

Register No. 54  
St.; \_\_\_\_\_ Ward

FULL NAME OF CHILD Jennie Christine Masley Born  Yes  No  Alive  No

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

Sex of Child Female Twin, Triplet or other  and Number in order of birth 1 Legitimate?  Yes  No Date of Birth March 31 1910  
(Month) (Day) (Year)

FATHER  
Full Name Ernest Masley

MOTHER  
Full Maiden Name Hettie Gray

Residence 148 Cottonwood St

Residence \_\_\_\_\_

Color or Race White Age at last Birthday 22 (Years)

Color or Race White Age at last Birthday 19 (Years)

Birthplace Pleasant Ridge Ky.

Birthplace Maxwell, Ky.

Occupation \_\_\_\_\_

Occupation Housewife

Number of children of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum?  Yes  No

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 Mar. 31, 1910, at 4 P.M.

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

(Signature) [Signature]  
(Attending physician, midwife, householder, \*)

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

Filed April 1 1910 Address S. S. Lee W.D.

148-331-878  
COUNTY REGISTRAR.

Filed April 1 1910 LOCAL REGISTRAR. S. S. Lee W.D.  
COUNTY REGISTRAR.