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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 100

Register No. 252

PLACE OF BIRTH

County of Graham

District of Central

Town of ..... or City of ..... (No. Stillborn St.; ..... Ward)

FULL NAME OF CHILD Melvin Harrison Ferguson 2 10 Born Alive ~~Yes~~ No

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

Sex of Child Boy | Twin, Triplet or other ..... and Number in order of birth 8th | Legitimate? yes | Date of Birth 3 (Month) 5 (Day) 1910 (Year)

FATHER		MOTHER	
Full Name	Melvin P. Ferguson	Full Maiden Name	Rinda Fyffe
Residence	Central	Residence	Central
Color or Race	White	Color or Race	White
Age at last Birthday	45 (Years)	Age at last Birthday	39 (Years)
Birthplace	Blaine Kentucky	Birthplace	Blaine Kentucky
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 8 | Number of children, of this mother, now living 8 | Were precautions taken against Ophthalmia neonatorum?

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS AUG 11 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 5/5, 1910, at 9 P. M.

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

(Signature) W E Plat (Attending physician, midwife, householder. *)

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

Filed 5/2 1910 Address Safford

L. C. Snow #9 LOCAL REGISTRAR.

A TRUE COPY.

462-305-965 COUNTY REGISTRAR.

Filed 6/5 1910 Law Bucket 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.

...y, with Unfading Ink.—This is a Perman... Record.