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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. 271

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 157

Register No. 157

PLACE OF BIRTH

County of Apache Navajo

District of Taylor

Town of Taylor

or City of

(No. St.; Ward)

FULL NAME OF CHILD Lafayette Hansen Jennings — 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? — Date of Birth Mar 26 (Month) (Day) 1910 (Year)

FATHER	MOTHER
Full Name Lafayette Jennings	Full Maiden Name Della Jane Willis
Residence Taylor Arizona	Residence Taylor Arizona
Color or Race White — Age at last Birthday 29 (Years)	Color or Race White — Age at last Birthday 23 (Years)
Birthplace Rockville Utah	Birthplace Taylor Arizona
Occupation Surveyor	Occupation Housekeeper

Number of child of this mother 3 — Number of children, of this mother, now living 2 — Were precautions taken against Ophthalmia neonatorum? Yes

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS RECEIVED AT PHOENIX JUL 1 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 June 10 1910 — Address ..... H. S. Lewis LOCAL REGISTRAR.

~~A TRUE COPY.~~

312-326-462 COUNTY REGISTRAR.

Filed July 1 1910 — [signature] COUNTY REGISTRAR

WRITE ...y, 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.