

ARIZONA TERRITORIAL BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH  
County of Apache  
District of St John  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
Register No. 71

FULL NAME OF CHILD Alice Matilda Davis { Born  Alive    
If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child <u>f</u>	Twin, Triplet or other _____	and Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>Apr 5</u> 19 <u>10</u> (Month) (Day) (Year)
FATHER Full Name <u>William Davis</u> Residence <u>St Johns</u> Color or Race <u>W</u> Age at last Birthday <u>25</u> (Years) Birthplace <u>Utah</u>		MOTHER Full Maiden Name <u>Matilda Jolly</u> Residence <u>St Johns</u> Color or Race <u>W</u> Age at last Birthday <u>24</u> (Years) Birthplace <u>Ariz</u> Occupation <u>H W</u>		

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

RECEIVED AT PHOENIX  
MAY 29 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on 4-5-1910, at 2 P.M.  
\*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) G. A. Wright  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 19 \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ Address St Johns  
L. C. Sherwood LOCAL REGISTRAR.  
J. J. Bullfin COUNTY REGISTRAR.  
145-405-1118 COUNTY REGISTRAR.

N. B.—In case of neonatal deaths, a SEPARATE RETURN must be made to each of the County and State Health Officers, and the number of such deaths, by birth, sex, and race, must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.