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Write 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.

ARIZONA TERRITORIAL BOARD OF HEALTH
ORIGINAL BUREAU OF VITAL STATISTICS.
CERTIFICATE OF BIRTH. Ter. Index No. 80

PLACE OF BIRTH
County of Yuma
District of _____
Town of _____
or _____
City of Eslohe

Register No. 75 St.; _____ Ward)

FULL NAME OF CHILD Arthur See (No. _____)

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

Sex of Child <u>Male</u>	Twin, Triplet or other _____	Number in order of birth _____	Legitimate? _____	Date of Birth <u>April 14</u> 19 <u>10</u>	Born Alive <input checked="" type="checkbox"/> No. _____
Full Name <u>Arthur</u>	FATHER <u>See</u>			(Month) (Day) (Year)	
Residence <u>303 Birchland St</u>			Full Maiden Name <u>Priscilla Hampton</u>		
Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)		Residence <u>Same</u>		
Birthplace <u>Cornwall Eng.</u>			Color or Race <u>White</u>	Age at last Birthday <u>30</u> (Years)	
Occupation <u>Butcher</u>			Birthplace <u>Cornwall Eng.</u>		
	Number of children of this mother <u>2</u>	Number of children, of this mother, now living <u>1</u>	Occupation <u>Housewife</u>		

Were precautions taken against Ophthalmia neonatorum? Yes

Received 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 April 14, 1910, at 9 A.M.
*When there is no attending physician or midwife, then the householder must make this return.
(Signature) C. J. Sturgeon
(Attending physician, midwife, householder. *)
Given or christian name added from a supplemental report _____ 19____
Address _____
A TRUE COPY. Filed Apr 18 1910
125-414-785 Filed May 1 1910
COUNTY REGISTRAR. LOCAL REGISTRAR. COUNTY REGISTRAR.