560

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 91

Register No. 82

(No. ..... St.; ..... Ward)

PLACE OF BIRTH

County of Gila

District of

Town of Globe
or
City of

FULL NAME OF CHILD Bert Harris

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? Yes | Date of Birth: April (Month) 26 (Day) 1910 (Year)

FATHER	MOTHER
Full Name: Bert Harris	Full Maiden Name: Alice Hilton
Residence: 148 Haskins Road	Residence: Same
Color or Race: White	Color or Race: White
Age at last Birthday: 24 (Years)	Age at last Birthday: 27 (Years)
Birthplace: Cornwall Eng.	Birthplace: Lancashire Eng
Occupation: Locomotive Engineer	Occupation: Housewife

Number of child of this mother: 2 | 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 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 26 1910, at 7 P M

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

(Signature) C. J. Stringer
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 19..... Filed Apr 29 1910 Address

B. G. Fox
LOCAL REGISTRAR.

282-426-185
COUNTY REGISTRAR.

Filed May 1 1910

A TRUE COPY.
B. G. Fox M.D.
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.

... with indelible ink.—This is a Permanent Record.