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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 184

Register No. .....

PLACE OF BIRTH

County of Mohave

District of Prescott

Town of Prescott

or

City of .....

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

FULL NAME OF CHILD Rozella Prescott

Born Alive: Yes

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

Sex of Child: Female | Twin, Triplet or other: — | and Number in order of birth: — | Legitimate? yes | Date of Birth: April 12 (Month) 12 (Day) 1910 (Year)

FATHER		MOTHER	
Full Name	Albert Prescott	Full Maiden Name	Mary E. Beckstead
Residence	Prescott Ariz	Residence	Prescott Ariz
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	45	Age at last Birthday (Years)	40
Birthplace	Salt Lake Utah	Birthplace	Utah
Occupation	Carpenter	Occupation	Housekeeper

Number living children of this mother 4 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? No

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 12, 1910, at 6 P. M.

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

(Signature) Mrs L. A. Hawes

(Attending physician, midwife, householder.)

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

Filed April 15 1910 Address Prescott Ariz

Sylvia A. McCoy

LOCAL REGISTRAR.

A TRUE COPY.

274-412-424

COUNTY REGISTRAR.

Filed May 1 1910 Geo Hunt

COUNTY REGISTRAR

Write legibly, With Unfading Ink.—This is a Certificate.

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.