915

Write ... ly, with Unfading Ink.—This is a Permanent Record.

...se 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

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 99

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe

Register No. 102

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

FULL NAME OF CHILD Dolores Cecilia King

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

Born Alive Yes ~~No~~

Sex of Child Female | Twin, Triplet or other ✓ | and Number in order of birth ✓ | Legitimate? Yes | Date of Birth May (Month) 11 (Day) 1910 (Year)

FATHER		MOTHER	
Full Name	George King	Full Maiden Name	Alma Burchardt
Residence	149 Sycamore	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	21 (Years)	Age at last Birthday	20 (Years)
Birthplace	Angeles Calif	Birthplace	Sacramento, Calif
Occupation		Occupation	Housewife

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX JUN 13 1910

Number of child of this mother 1 | Number of children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 11, 1910, at 6 a.m.

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

(Signature) C. T. Sturgeon

(Attending physician, midwife, householder. *)

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

Filed May 12 1910

Address B. G. Fox

A TRUE COPY.

LOCAL REGISTRAR.

427-511-123

COUNTY REGISTRAR.

Filed June 1 1910

B. G. Fox M.D.

COUNTY REGISTRAR