941

...y, with Unfading Ink.—This is a Perman... Record.

...e 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. 116

Register No. 115

PLACE OF BIRTH

County of Gila

District of San Carlos

Town of or City of San Carlos

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

FULL NAME OF CHILD ..... 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: single | and Number in order of birth: 3 | Legitimate? yes | Date of Birth: May (Month) 31 (Day) 1910 (Year)

FATHER		MOTHER	
Full Name	Morgan Toprock	Full Maiden Name	Flossie Tahye
Residence	San Carlos Arizona	Residence	San Carlos Arizona
Color or Race	Indian	Color or Race	Indian
Age at last Birthday (Years)	45	Age at last Birthday (Years)	40
Birthplace	Arizona	Birthplace	Arizona
Occupation	Laborer	Occupation	House Wife

Number of child of this mother 3 | Number of children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? not known

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 31, 1910, at 2 P. M

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

(Signature) .....
(Attending physician, midwife, householder. *)

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

Filed June 8 1910 Address .....

A TRUE COPY. Dr. Carl B. Boyd
LOCAL REGISTRAR.

032-531-635
COUNTY REGISTRAR.

Filed June 9 1910 B. G. Fox M.D.
COUNTY REGISTRAR