1190

Write ... ly, with Unfading Ink.—This is a Perma... 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

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH. Ter. Index No. 6

Register No. 91

PLACE OF BIRTH

County of Apache

District of

Town of St. Johns
or
City of

(No. St.; Ward)

FULL NAME OF CHILD Alvin Leroy

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 4 | Legitimate? yes | Date of Birth June (Month) 14 (Day) 1910 (Year)

FATHER		MOTHER	
Full Name	George Conrad Overson	Full Maiden Name	Maria Loretta Wright
Residence	St. Johns	Residence	St. Johns
Color or Race	white	Color of Race	white
Age at last Birthday	35 (Years)	Age at last Birthday	27 (Years)
Birthplace	Utah	Birthplace	Utah
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 4 | Number of children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 14, 1910, at 1 P. M

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) F. A. Wright
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 19..... Filed ..... 19..... Address St Johns

L. E. Sherwood
LOCAL REGISTRAR.

138-614-463
COUNTY REGISTRAR.

Filed ..... 19.....

O. J. Boulden
COUNTY REGISTRAR.