

1323

With any, with Unfading Ink.—This is a Permanent 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.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 102

PLACE OF BIRTH
County of Gila
District of San Carlos
Town of San Carlos
or
City of _____

Register No. 139
St.; _____ Ward)

FULL NAME OF CHILD Savannah June Seagur Born Yes
Alive No

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

Sex of Child <u>Female</u>	Twin, Triplet or other _____	Single <input checked="" type="checkbox"/> and _____	Number in order of birth <u>9th</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 23rd</u> 19 <u>10</u>
Full Name <u>James B. Seagur</u>		FATHER		Full Maiden Name <u>Savannah Cornett</u>	
Residence <u>San Carlos, Arizona</u>		MOTHER		Residence <u>San Carlos Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>37</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>41</u> (Years)	Birthplace <u>Texas</u>	
Birthplace <u>Texas</u>		Occupation <u>Cattle Man</u>		Occupation <u>House Wife</u>	

Number of child of this mother 9 Number of children, of this mother, now living 7 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 June 23rd, 1910, at 2:30 P M

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

(Signature) Phalby C. Seagur
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed July 10th 1910 Address Pice Arizona

235-623-233 COUNTY REGISTRAR. Filed July 12 1910 B. J. Boyd LOCAL REGISTRAR. COUNTY REGISTRAR