

1327

Write in blue ink, with permanent 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. The 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.

PLACE OF BIRTH
County of Sila
District of _____
Town of Miami
or
City of _____

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 105

Register No. 137
St.; _____ Ward)

FULL NAME OF CHILD Lucy Wagner Born Yes Alive

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

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June 24</u> 19 <u>10</u>
FATHER			MOTHER		
Full Name <u>Arthur Henry Wagner</u>	Residence <u>Miami A.T.</u>		Full Maiden Name <u>Lizzie Schrau</u>	Residence <u>Miami A.T.</u>	
Color or Race <u>W</u>	Age at last Birthday <u>33</u> (Years)	Birthplace <u>Wisconsin</u>	Color or Race <u>W</u>	Age at last Birthday <u>27</u> (Years)	Birthplace <u>Wisconsin</u>
Occupation <u>Computer</u>			Occupation <u>House wife</u>		
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? _____	

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
RECEIVED
JUL 13 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 24, 1910, at 10:48 A.M.

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

(Signature) W.E. McWhick
(Attending physician, midwife, householder)

Given or christian name added from a supplemental report _____ 19____

Filed 6/24 1910 Address Miami A.T.
J.P. Barrett
LOCAL REGISTRAR
Filed July 6 1910 B.S. Gray
COUNTY REGISTRAR

969-624-329
COUNTY REGISTRAR