4683

Write Only, 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. 83

Register No. 143

PLACE OF BIRTH

County of Gila

District of

Town of Globe

or City of ..... (No. ..... St.; ..... Ward)

FULL NAME OF CHILD James Richard Chamberlain — Born Alive: Yes

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: 2 — Legitimate? Yes — Date of Birth: July (Month) 9 (Day) 1910 (Year)

| FATHER | MOTHER |
|---|---|
| Full Name: Jas Chamberlain | Full Maiden Name: Anna Hermington |
| Residence: Globe Ariz | Residence: Globe Ariz |
| Color or Race: White — Age at last Birthday: 42 (Years) | Color or Race: White — Age at last Birthday: 31 (Years) |
| Birthplace: Minnesota | Birthplace: Missouri |
| Occupation: Accountant | Occupation: House wife |

Number of child of this mother: 2 — Number of children, of this mother, now living: 2 — Were precautions taken against Ophthalmia neonatorum? No

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX AUG 12 1910

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 9, 1910, at 1:00 A M

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

(Signature) M. A. Hoff (Attending physician, midwife, householder. *)

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

Filed July 9 1910 — Address Globe

B. G. Fox — LOCAL REGISTRAR.

~~A TRUE COPY~~

Filed Aug 1 1910 — B. G. Fox M.D. — COUNTY REGISTRAR

COUNTY REGISTRAR.

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