4691

Write only, with Indelible 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.

89

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. [redacted]

PLACE OF BIRTH

County of Gila

District of

Town of / or City of Globe

Register No. 146

(No. Hill St St.; Ward)

FULL NAME OF CHILD Katherine Sadlow — Born Alive Yes ~~No~~

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

Sex of Child F — Twin, Triplet or other — and — Number in order of birth 2 — Legitimate? yes — Date of Birth July 15 (Month) (Day) 1910 (Year)

FATHER	MOTHER
Full Name: John W Sadlow	Full Maiden Name: Dora Sadlow
Residence: Hill St	Residence: Hill St
Color or Race: White — Age at last Birthday: 24 (Years)	Color or Race: White — Age at last Birthday: 22 (Years)
Birthplace: Eng	Birthplace: N. D.
Occupation: Blacksmith	Occupation: Housewife

Number of child of this mother 2 — Number of children, of this mother, now living 2 — Were precautions taken against Ophthalmia neonatorum? Yes

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS BOARD OF HEALTH PHOENIX AUG 19 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 15, 1910, at 3 A. M.

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

(Signature) R D Kennedy (Attending physician, midwife, householder. *)

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

Filed July 15 1910 — Address Globe

B G Jay — LOCAL REGISTRAR.

A TRUE COPY

Filed Aug 1 1910 — B G Jay — COUNTY REGISTRAR

COUNTY REGISTRAR.

236-715-4136