

1705

Write Fully, 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.

PLACE OF BIRTH  
 County of Esila  
 District of Miami  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

ARIZONA TERRITORIAL BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS.  
 ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 400  
 Register No. 198

FULL NAME OF CHILD Not named.  Born  Yes  Alive

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

Sex of Child <u>Male</u>	Twin, Triplet or other <u>—</u>	and	Number in order of birth <u>—</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 24</u> 19 <u>10</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Hardy A. Naukin</u>			Full Maiden Name <u>Felice Agnes Jarrell</u>		
Residence <u>Miami A.T.</u>			Residence <u>Miami</u>		
Color or Race <u>white</u>	Age at last Birthday <u>27</u> (Years)	Color or Race <u>white</u>	Age at last Birthday <u>19</u> (Years)	Birthplace <u>Holdbrook Arizona</u>	
Birthplace <u>Texas</u>			Occupation <u>House wife</u>		

ARIZONA TERRITORIAL BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 Received at PHOENIX  
 SEP 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 24, 1910, at 7 P M

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

\*When there is no attending physician or midwife, then the householder must make this return.  
 Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_ Filed Aug 2 1910 Address Miami A.T.

LOCAL REGISTRAR. B. G. Jay W.D.  
 COUNTY REGISTRAR. 045-724-539