1708

Write Plai , with Unfading Ink.—This is a Perman 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 birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days aft birth.

PLACE OF BIRTH

County of Gila

District of

Town of Pine

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. X 102

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 157

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD No Name Still Born { Born Alive } ~~YES~~ NO

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

Sex of Child	Twin, Triplet or other	and	Number; in order of birth 7	Legitimate? yes	Date of Birth 25 July (Month) (Day) 1910 (Yr.)

FATHER		MOTHER	
Full Name	A. N. Oglevie	Full Maiden Name	Agnes Lazear
Residence	Payson	Residence	
Color or Race	White	Color or Race	White
Age at last Birthday	32 (Years)	Age at last Birthday	22 (Years)
Birthplace	Scotland	Birthplace	Pine Arizona
Occupation	Farmer	Occupation	Housewife

Number of child of this mother . . . | Number of children, of this mother, now living . . | Were Precautions taken against Ophthalmia neonatorum?

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 25 1910, at 4 a. M

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

(Signature) Mrs. Z. D. Earl (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191

Address

Filed 191

Filed Aug 5 1910

J. L. Patterson LOCAL REGISTRAR.

B. G. Fox W.D. COUNTY REGISTRAR.

COUNTY REGISTRAR.

065-725-139