9710

Write Pl[illegible]y, with Unfading Ink.—This is a Perma[illegible]t 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 Gila

District of Miami

Town of

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. ~~90~~ 104

Register No. 166

(No. ..... St.; ..... Ward)

FULL NAME OF CHILD Vernon Estelle Walters

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

Born Alive Yes ~~No~~

Sex of Child Male | Twin, Triplet or other Twin and Number in order of birth 1st | Legitimate? yes | Date of Birth July (Month) 26 (Day) 1910 (Year)

FATHER	MOTHER
Full Name Orville L. Walters	Full Maiden Name Irena Belle Dunford
Residence Inspiration	Residence Inspiration
Color or Race W	Color or Race W
Age at last Birthday 30 (Years)	Age at last Birthday 38 (Years)
Birthplace Illinois	Birthplace Arkansas
Occupation Carpenter	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? 2

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 26, 1910, at 29 M

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

(Signature) W. E. McWhirt

(Attending physician, midwife, householder.)

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

Filed Aug 6 1910

Address Miami A.T.

A TRUE COPY.

J. R. Barnett

LOCAL REGISTRAR.

Filed Aug 15 1910

B. G. Fox M.D.

COUNTY REGISTRAR.

COUNTY REGISTRAR

562-726-944