2102

Write Plai[illegible] with Unfading Ink.—This is a Permane[illegible] 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 Black Warrior

Town of _____

or

City of _____

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. 96 Ter. Index No. [illegible]

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 175

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____ 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	Legitimate?	Date of Birth
Female				yes	8 (Month) 8 (Day) 1910 (Yr.)

FATHER		MOTHER	
Full Name	Richard Beal	Full Maiden Name	Alice Birdno
Residence	Blackwarrior	Residence	Blackwarrior
Color or Race	White	Color or Race	White
Age at last Birthday	24 (Years)	Age at last Birthday	23 (Years)
Birthplace	Penn.	Birthplace	Arizona
Occupation	Plaster	Occupation	Housewife

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received [illegible] SEP 12 1910

Number of child of this mother 3 | Number of children, of this mother, now living 3 | Were Precautions taken against Ophthalmia neonatorum? y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, 8/8 1910, at 6 am M

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

(Signature) G. E. Wightman
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191__

Address Globe

Filed 8/12 1910 B. G. Fox
LOCAL REGISTRAR.

522-505-406
COUNTY REGISTRAR.

Filed Sept 1st 1910 B. G. Fox W.D.
COUNTY REGISTRAR.