2103

write ...inly, 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 Gila

District of San Carlos

Town of San Carlos
or
City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 97

Register No. 206

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

FULL NAME OF CHILD Stones, Paulus Irving

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 Single | and | Number in order of birth 3 | Legitimate? Yes | Date of Birth Aug. 9 (Month) (Day) 1910 (Year)

FATHER

Full Name Jedd B. Stone

Residence San Carlos

Color or Race White | Age at last Birthday 29 (Years)

Birthplace Hillsdale Mich.

Occupation Telegraph Operator

MOTHER

Full Maiden Name Bertha V. Luce

Residence Same

Color or Race White | Age at last Birthday 30 (Years)

Birthplace Hillsdale, Mich.

Occupation Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug. 9, 1910, at 99 M

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

(Signature) C. T. Stungeon
(Attending physician, midwife, householder. *)

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

Filed Aug 26 1910

Address Globe Arizona

Dr. Carl B. Boyd,
LOCAL REGISTRAR.

725-809-235
COUNTY REGISTRAR.

Filed Sept 6" 1910

~~A TRUE COPY~~

B. G. Fox W.D.
COUNTY REGISTRAR