

2110

Write Plain, with Unfading Ink.—This is a Permanent Record.

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 3 days after birth.

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of _____
 or
 City of Eslobe

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. 102 ~~102~~
 ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 180
 Local Registrar's No.

(No. _____ St; _____ Ward)
FULL NAME OF CHILD Albert Williams { Born } **YES**
 { Alive } **NO**
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

| | | | | | |
|----------------------------------|---|-----|--|---|---|
| Sex of Child <u>M</u> | Twin, Triplet or other _____ | and | Number; in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Aug 10 1910</u> (Month) (Day) (Yr.) |
| Full Name <u>Albert Williams</u> | FATHER | | Full Maiden Name <u>Ida Violet Archibald</u> | MOTHER | |
| Residence <u>441 North E St</u> | | | Residence <u>Same</u> | | |
| Color or Race <u>White</u> | Age at last Birthday <u>29</u> (Years) | | Color or Race <u>White</u> | Age at last Birthday <u>24</u> (Years) | |
| Birthplace <u>Cornwall Eng.</u> | | | Birthplace <u>Cornwall Eng</u> | | |
| Occupation <u>Miner</u> | | | Occupation <u>Housewife</u> | | |

Number of children of this mother 2 Number of children, of this mother, now living 2 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. 10 1910, at 12 M
 *When there is no attending physician or midwife, then the householder should make this return.
 (Signature) C. J. Sturgeon
 (Attending physician, midwife, householder. *)
 Given or christian name added from a supplemental report _____ 191____
 Address Eslobe
 Filed Aug 11 1910 B. E. Fox LOCAL REGISTRAR.
 Filed Sept 4 1910 B. E. Fox COUNTY REGISTRAR.

162-810-952
 COUNTY REGISTRAR.

SEP 12 1910