

2121

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 Eslobo
 District of _____
 Town of _____
 or City of Eslobo

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. *111*
 ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 188
 Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Steel Born { Born ~~YES~~ / Alive } NO

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

Sex of Child Male { Twin, Triplet or other } and { Number; in order of birth } Legitimate? Yes Date of Birth Aug 17 1910
 (Month) (Day) (Yr.)

FATHER Full Name <u>James Jacka</u> Residence <u>School Hill</u> Color or Race <u>White</u> Age at last Birthday <u>40</u> (Years) Birthplace <u>Michigan</u> Occupation <u>Miner</u>	MOTHER Full Maiden Name <u>Samella Ditt</u> Residence <u>Same</u> Color or Race <u>White</u> Age at last Birthday <u>34</u> (Years) Birthplace <u>Harrison, Ark.</u> Occupation <u>Housewife</u>
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Number of child of this mother. () _____ Number of children, of this mother, now living. / _____ Were Precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 17 1910, at P M

{ *When there is no attending physician or midwife, then the householder should make this return. } (Signature) C. J. [Signature] (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____ Address _____

Filed Aug 18 1910 B. G. Fox LOCAL REGISTRAR.
 Filed Sept 1 1910 B. G. Fox COUNTY REGISTRAR.

011-817-223
 COUNTY REGISTRAR.