140

Write Plai , with Unfading Ink.—This is a Perman 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 3 days after birth.

**PLACE OF BIRTH**

County of Gila

District of

Town of Roosevelt

or

City of

# ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 104 ~~396~~

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 240

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Has no name. Born Alive YES X ~~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 |
|---|---|---|---|---|---|
| Vmale | | | | | Oct. (Month) 11 (Day) 1910 (Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | [illegible] | Full Maiden Name | [illegible] |
| Residence | Roosevelt, Ariz. | Residence | Roosevelt |
| Color or Race | [illegible] Age at last Birthday 27 (Years) | Color or Race | [illegible] Age at last Birthday 21 (Years) |
| Birthplace | [illegible] | Birthplace | King Alabama |
| Occupation | [illegible] | 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? NO

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Oct 1 1910, at 3 PM

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

(Signature) J. H. Smith, M.D. (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191

Address Roosevelt, Ariz.

Filed Nov 15 1910

J. C. Evans LOCAL REGISTRAR.

098-1011-298 COUNTY REGISTRAR.

Filed Nov 15 1910

COUNTY REGISTRAR.