159

Write Pl[illegible]y, with Unfading I[illegible].—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 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 120 ~~[illegible]~~

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 65

Local Registrar's No. ____

PLACE OF BIRTH

County of Gila

District of Miami

Town of Miami

or

City of ____

(No. ____ St; ____ Ward)

FULL NAME OF CHILD Ella May Wallace — Born Alive YES ~~NO~~

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

Sex of Child Female | Twin, Triplet or other | and | Number; in order of birth 1st | Legitimate? Yes | Date of Birth 30th October 1910 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Charles Wallace	Full Maiden Name	Annie McKenzie
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	American	Age at last Birthday 31 (Years)	Color or Race American — Age at last Birthday 17 (Years)
Birthplace	Oklahoma	Birthplace	Oklahoma
Occupation	Miner	Occupation	House wife

Number of child of this mother 1st | Number of children, of this mother, now living 1 | 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, Oct 30th 1910, at ____ M

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

(Signature) John H Lacy MD (Attending physician, midwife, householder.*)

Address Miami Ariz

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

Filed Apr 12 1911 — B. G. Fox, LOCAL REGISTRAR.

565-1030-145 COUNTY REGISTRAR.

Filed May 5 1911 — B. G. Fox M.D. COUNTY REGISTRAR.