209

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 159 ~~127~~

Register No. 520 58

PLACE OF BIRTH

County of Graham

District of

Town of Pima

or City of

(No. St.; Ward)

Born Alive Yes

FULL NAME OF CHILD

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 Twin | Legitimate? yes | Date of Birth October 31 (Month) (Day) 1910 (Year)

FATHER	MOTHER
Full Name John W. Reynolds	Full Maiden Name Jane Lusker
Residence Pima	Residence Pima
Color or Race Caucasian	Color or Race white
Age at last Birthday 24 (Years)	Age at last Birthday 24 (Years)
Birthplace Arizona	Birthplace Tennessee
Occupation Farmer	Occupation Housewife

Number of child of this mother 1st | Number of children, of this mother, now living one | 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 Oct 31, 1910, at M

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

(Signature) R. C. Dryden (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 19

Filed 19

Address Pima

A TRUE COPY.

092-1031-139 Filed 1-4 1911

COUNTY REGISTRAR.

LOCAL REGISTRAR.

COUNTY REGISTRAR

Write Plainly 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.