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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 83

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 260

Local Registrar's No.

PLACE OF BIRTH

County of [illegible]

District of Black Warrior

Town of

or

City of

(No. St; Ward)

FULL NAME OF CHILD Lawrence St John Miller — Born Alive: YES ~~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 (Month) (Day) (Yr.)
Male	✓		✓	Yes	Nov. 21 1910

FATHER	MOTHER
Full Name: Walter St John Miller	Full Maiden Name: Nellie Winifred Henderson
Residence: Black Warrior	Residence: Sanae
Color or Race: White — Age at last Birthday: 30 (Years)	Color or Race: White — Age at last Birthday: 23 (Years)
Birthplace: London, Eng.	Birthplace: Vancouver, Canada
Occupation: Engineer	Occupation: Housewife

Number of child of this mother: 1 | 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, Nov. 21 1910, at 99 M

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

(Signature) C. J. Thurgeson (Attending physician, midwife, householder.*)

Address

Given or christian name added from a supplemental report 191

Filed Nov 22 1910 — B. G. Dix — LOCAL REGISTRAR.

Filed Dec 5 1910 — B. G. Dix M.D. — COUNTY REGISTRAR.

349-1121-585

COUNTY REGISTRAR.

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.

COUNTY RECORD