522

PLACE OF BIRTH

County of Gila

District of

Town of Roosevelt A. T.

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. #91[redacted]

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 257

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Bernice Young. 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 11/26/1910 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	James Ernest Young.	Full Maiden Name	Lenore McLaughlin Young.
Residence	Roosevelt A. T.	Residence	Roosevelt
Color or Race	Caucassian	Color or Race	Caucassian
Age at last Birthday	29 (Years)	Age at last Birthday	23 (Years)
Birthplace	Tennessee	Birthplace	Florida.
Occupation	Engineer.	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, 11 26 1910, at 1 P. M.

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

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

Given or christian name added from a supplemental report 191

Address Roosevelt A. T.

Filed 191

J. C. Evans
LOCAL REGISTRAR.

287-1126-345
COUNTY REGISTRAR.

Filed Dec 10 1910

B. C. Stoxton
COUNTY REGISTRAR.

Write Plainly, With Untading 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.