870

Write Pla[illegible], with Unfading Ink.—This is a Perma[illegible] 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 or City of Globe

# ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 87 ~~260~~

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 266

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Georgina Price { 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 |
|---|---|---|---|---|---|
| F | — | | 3 | yes | Dec 1 1910 (Month) (Day) (Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Will Price | Full Maiden Name | Mary Price |
| Residence | Miami | Residence | Miami |
| Color or Race | White | Color or Race | White |
| Age at last Birthday | 28 (Years) | Age at last Birthday | 26 (Years) |
| Birthplace | Tex | Birthplace | Ariz |
| Occupation | Miner | Occupation | Housewife |

Number of child of this mother 3 | Number of children, of this mother, now living 3 | 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 Dec 1 1910, at 9 a M

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

(Signature) R. D. Hammerly (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191

Address

Filed Dec 5 1910 B. G. Fox LOCAL REGISTRAR.

775-1201-475 COUNTY REGISTRAR.

Filed Jan 3 1911 B. G. Fox M.D. COUNTY REGISTRAR.