

875

WRITE FILE with Unfading Ink.—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 3 days after birth.

PLACE OF BIRTH **ARIZONA TERRITORIAL BOARD OF HEALTH**
 County of Yuma **BUREAU OF VITAL STATISTICS. Ter. Index No. 729**
 District of _____ **ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 270**
 Town of _____ **Local Registrar's No. _____**
 or Globe
 City of _____ **(No. _____ St; _____ Ward)**

FULL NAME OF CHILD B. Seyra { Born } YES
 { Alive } NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child M { Male, female or other } and Number in order of birth 4 Legitimat? yes Date of Birth Dec 5 1910
 (Month) (Day) (Yr.)

FATHER
 Full Name B. Seyra
 Residence Euclid Ave
 Color or Race White Age at last Birthday 26 (Years)
 Birthplace Mex
 Occupation Laborer

MOTHER
 Full Maiden Name Ramona Seyra
 Residence Euclid Ave
 Color or Race Mex Age at last Birthday 38 (Years)
 Birthplace Mex
 Occupation Housewife

Number of child of this mother. 4 Number of children, of this mother, now living. 4 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 5 1910, at 29 M
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) R. J. Fox
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____
 Address Globe

Filed Dec 8 1910

B. G. Fox
 LOCAL REGISTRAR.

221-1205-931
 COUNTY REGISTRAR.

Filed Jan 3 1911

B. G. Fox
 COUNTY REGISTRAR.