9353

Write ... y, with U... ng Ink.—This is a Perma... 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.

PLACE OF BIRTH

County of Graham

District of

Town of Central
or
City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 112

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 6

Local Registrar's No. 24

(No. St; Ward)

FULL NAME OF CHILD ... 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
Male			5th	yes	Jany 31st 1911 (Month) (Day) (Yr.)

FATHER	MOTHER
Full Name: Oren E Allred	Full Maiden Name: Adelia T Watson
Residence: Central	Residence: Central
Color or Race: White — Age at last Birthday 38 (Years)	Color or Race: White — Age at last Birthday 32 (Years)
Birthplace: Utah	Birthplace: Utah
Occupation: Fa...	Occupation: Housewife

Number of child of this mother 5. | Number of children, of this mother, now living 3 | Were Precautions taken against Ophthalmia neonatorum?

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHENIX FEB 1 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Jany 31st 1911, at 1:30 A M

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

(Signature) A C Dryden M.D.
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ... 191...

Address Pima AT

Filed Feb. 3rd 1911

G G Root
LOCAL REGISTRAR.

Filed Feby 8 1911

COUNTY REGISTRAR

COUNTY REGISTRAR.