2166

Write Plainly, with Unfading 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.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 89

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 41

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Miami

Town of

or

City of

(No. St; Ward)

FULL NAME OF CHILD Irene Elizabeth Wakefield { 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 — | Legitimate? Yes | Date of Birth March 11 (Month) (Day) 1911 (Yr.)

FATHER		MOTHER	
Full Name	Thomas Wakefield	Full Maiden Name	Amelia Piggott
Residence	Miami, A.T.	Residence	Miami, A.T.
Color or Race	W	Color or Race	W
Age at last Birthday (Years)	37	Age at last Birthday (Years)	36
Birthplace	England	Birthplace	England
Occupation	~~Hous~~ Mine Foreman	Occupation	House wife

Number of child of this mother 8 | Number of children, of this mother, now living 7 | Were Precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on March 11 1911, at 2 40 P M

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

(Signature) W. E. McWhirt (Attending physician, midwife, householder.)

Given or christian name added from a supplemental report 191

Address Miami, A.T.

Filed Apr 1 1911 B. G. Fox LOCAL REGISTRAR.

Filed Apr 5 1911 B. G. Fox M.D. COUNTY REGISTRAR.

COUNTY REGISTRAR.