2620

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 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Hayden

Town of _____

or

City of _____

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 90

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 123

Local Registrar's No. _____

(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
Female			3	3	Apr 15 1911 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Augustine Salazar	Full Maiden Name	Delia Reynolds
Residence	Hayden	Residence	Hayden
Color or Race	Grey	Color or Race	Grey
Age at last Birthday (Years)	28	Age at last Birthday (Years)	24
Birthplace	Mex	Birthplace	Globe, Ariz.
Occupation	Lab.	Occupation	Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Apr 15 1911, at 4 P.M.

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

(Signature) C. B. Wiley
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191__

Address _____

Filed Apr 16 1911 — C. B. Wiley, LOCAL REGISTRAR.

029-415-492
COUNTY REGISTRAR.

Filed June 9 1911 — B. G. Fox, M.D., COUNTY REGISTRAR.