

2623

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 23
 District of _____ ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 95
 Town of Stober Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St; _____ Ward)

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

Sex of Child Female Twin, Triplet or other and Number in order of birth Legitimate? Yes Date of Birth April 20 1911
 (Month) (Day) (Yr.)

FATHER
 Full Name Joseph Barnett
 Residence 716 Ash St
 Color or Race White Age at last Birthday 26 (Years)
 Birthplace Little Rock, Arkansas
 Occupation Teamster

MOTHER
 Full Maiden Name Anita Charles
 Residence Same
 Color or Race Mexican Age at last Birthday 22 (Years)
 Birthplace Phoenix Ariz.
 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 April 20 1911, at 39 M
 *When there is no attending physician or midwife, then the householder should make this return. (Signature) C. J. Mungler
 (Attending physician, midwife, householder. *)

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

Address B. S. Johnston
 LOCAL REGISTRAR
B. S. Johnston
 COUNTY REGISTRAR.

Filed May 13 1911
 Filed May 13 1911

923-420-132
 COUNTY REGISTRAR.