

2732

...ing 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 5 days after birth.

PLACE OF BIRTH **ARIZONA TERRITORIAL BOARD OF HEALTH**
County of Maricopa BUREAU OF VITAL STATISTICS. Ter. Index No. 68
District of Mesa #3 ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 209
Town of Mesa Local Registrar's No. _____
City of _____ (No. _____ St; _____ Ward)

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

Sex of Child <u>Female</u>	Twin, Triplet or other <u>1</u>	and	Number; in order of birth <u>3</u>	Legitimate? <u>Yes</u>	Date of Birth <u>April 9th 1911</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Olson Ashel Phelps</u>			Full Maiden Name <u>Rebecca Hannah Allen</u>		
Residence <u>Mesa</u>			Residence <u>Mesa</u>		
Color or Race <u>White</u> Age at last Birthday <u>29</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>28</u> (Years)		
Birthplace <u>Arizona</u>			Birthplace <u>Arizona</u>		
Occupation <u>Farmer</u>			Occupation _____		

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 9, 1911, at 9:45 M
*When there is no attending physician or midwife, then the householder should make this return. (Signature) J. Nelson M.D.
(Attending physician, midwife, householder. *)
Given or christian name added from a supplemental report _____ 191_____
Address Mesa
Filed 5-5-1911 J. E. Thayer M.D. LOCAL REGISTRAR.
772-409-70 W. A. Hughes COUNTY REGISTRAR.