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19110 2. 1, with Unfading Ink.—This is a Permit 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 No. 100**
 District of _____ **ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 106**
 Town of _____ **Local Registrar's No. _____**
 or _____
 City of Yuma _____ **(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>Male</u>	Twin, Triplet or other _____	and	Number; in order of birth _____	Leg. mate? <u>yo</u>	Date of Birth <u>5</u> <u>12</u> 19 <u>11</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Elmer Long</u>	Residence <u>North Globe</u>		Full Maiden Name <u>Bertha Phipps</u>	Residence <u>North Globe</u>	
Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)	Birthplace <u>Ind.</u>	Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)	Birthplace <u>Iowa</u>
Occupation <u>Smelter Foreman</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>	Number of children, of this mother, now living <u>1</u>	Were Precautions taken against Ophthalmia neonatorum? <u>y</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, 5/12 1911, at 2 P.M.

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

(Signature) L. E. Wightman
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 1911

Address _____

Filed May 17 1911 B. G. Fox LOCAL REGISTRAR
 Filed lets 1911 B. G. Fox W. W. D. COUNTY REGISTRAR

037-512-272 COUNTY REGISTRAR.