

THIS IS A PERMA 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 Gila      **BUREAU OF VITAL STATISTICS.**      *105* ~~103~~ Ter. Index No. \_\_\_\_\_

District of Sau Carlos      **ORIGINAL CERTIFICATE OF BIRTH.**      Co. Register No. 125

Town of \_\_\_\_\_      Local Registrar's No. \_\_\_\_\_

or \_\_\_\_\_

City of \_\_\_\_\_      (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD S Jones      } Born } YES  
 } Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Fr</u>	Twin, triplet or other _____	and	Number; in order of birth <u>1</u>	Legitimate? <u>yo</u>	Date of Birth <u>May 20</u> 19 <u>11</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Sam Jones</u>			Full Maiden Name <u>Annie League</u>		
Residence <u>Hawk Canyon</u>			Residence <u>Hawk Canyon</u>		
Color or Race <u>White</u> Age at last Birthday <u>35</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>18</u> (Years)		
Birthplace <u>Tex</u>			Birthplace <u>Ariz</u>		
Occupation <u>Rancher</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were Precautions taken against Ophthalmia neonatorum? <u>yo</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on May 20 1911, at 10 P.M.

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

(Signature) A. J. Kennedy  
 (Attending physician, midwife, householder, or)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Address Globe Ariz

Filed June 10 1911      Dr. Carl B. Boyd  
 LOCAL REGISTRAR

Filed 6/13 191\_\_      B. J. Smith  
 COUNTY REGISTRAR

212-520-135  
 COUNTY REGISTRAR.