

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, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of _____
 or
 City of Yuma

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. Ter. Index 143
 ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 116
 Local Registrar's No. _____
 (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)	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>5-24-1911</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Cleofas Soto</u>	Residence <u>Euclid Ave</u>		Full Maiden Name <u>Enias Inesa</u>	Residence <u>Euclid Ave</u>	
Color or Race <u>Mex</u>	Age at last Birthday <u>36</u> (Years)	Birthplace <u>Mexico</u>	Color or Race <u>Mex</u>	Age at last Birthday <u>33</u> (Years)	Birthplace <u>Mexico</u>
Occupation <u>Operator</u>			Occupation <u>H. W.</u>		

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, 5/29 1911, at 10^a M

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

(Signature) H. E. Wylton
 (Attending physician, midwife, householder. *)

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

Address Yuma

Filed May 27 1911 B. J. Fox
 LOCAL REGISTRAR.

Filed 6/5 1911 B. J. Fox M.K.
 COUNTY REGISTRAR.

026-529-541
 COUNTY REGISTRAR.