314

MARGN RESERVED FOR BINDING.

Write Plainly, with Unfading Ink.—This is a Permanent Record.

IB.—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

County of Navajo

District of Taylor

Town of Taylor

or

City of

ARIZONA TERRITORIAL BOARD OF HEAL

BUREAU OF VITAL STATISTICS. Ter. Index No. 237

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No.

Local Registrar's No.

(No. St;

FULL NAME OF CHILD Elton Lorain Kay { Born Alive yes }

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

Sex of Child	Twin, Triplet or other	and	Number; in order of birth	Legitimate?	Date of Birth (Month) (Day) 19.. (Yr.)
male				yes	May 2

FATHER	MOTHER
Full Name: Orson Pratt Kay	Full Maiden Name: Helen Mar Rogers
Residence: Taylor	Residence: Taylor
Color or Race: White — Age at last Birthday: 27 (Years)	Color or Race: White — Age at last Birthday: 24 (Years)
Birthplace: Arizona	Birthplace: Colo
Occupation: Laboner	Occupation: House Keeper

Number of child of this mother 3 | Number of children, of this mother, now living 2 | Were Precautions taken against Ophthalmia neonato

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, ... 19....., at ..

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

(Signature) .....
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 191..

Address .....

Filed 5/7 1911 Hilda Lewis
LOCAL REGISTRAR.

528-502-892
COUNTY REGISTRAR.

Filed 5/17 1911 [illegible]
COUNTY REGISTRAR