957

Write [illegible] with Unfading Ink.—This is a Permanent Re[illegible]

N. B.—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.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. *Ter. Index No.* 88

Register No. 142

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of (No. St.; Ward)

FULL NAME OF CHILD Virginia Lee Faires — Born Alive Yes ~~No~~

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

Sex of Child Female — ~~Twin, Triplet~~ or other — and Number in order of birth 1st — Legitimate? yes — Date of Birth July (Month) 3rd (Day) 1911 (Year)

FATHER		MOTHER	
Full Name	Clifford Clinton Faires	Full Maiden Name	Marguerite Flora Skelly
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	American — Age at last Birthday 32 (Years)	Color or Race	American — Age at last Birthday 22 (Years)
Birthplace	Boonville Miss	Birthplace	Lonland Colorado
Occupation	Attorney	Occupation	House-wife

Number of child of this mother 1 — Number of children, of this mother, now living 1 — 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 3rd ~~22~~ July, 1911, at 12:30 A.M.

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

(Signature) John H Lacy MD

(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 19.....

Filed 7/7 1911 — Address Miami Ariz

~~A TRUE COPY:~~ B. G. Fox — LOCAL REGISTRAR.

562-703-428 — COUNTY REGISTRAR.

Filed 8/6 1911 — B. G. Fox M.D. — COUNTY REGISTRAR