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Damaged Document(s)

Write plainly, with Unfading Ink.—This is a Permanent 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 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. *9.*
 ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. _____
 Local Registrar's No. _____

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of _____
 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 <input checked="" type="checkbox"/>	and	Number; in order of birth _____	Legitimate? <u>No</u>	Date of Birth <u>July 9</u> 19 <u>11</u> . (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Unknown</u>			Full Maiden Name <u>Marguerite Ravello</u>		
Residence _____			Residence <u>Brad St.</u>		
Color or Race _____			Color or Race <u>White</u>		
Age at last Birthday... (Years) _____			Age at last Birthday... (Yr.) <u>28</u>		
Birthplace _____			Birthplace <u>Italy</u>		
Occupation _____			Occupation <u>Servant</u>		

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, July 9 1911, at 6 AM

{ *When there is no attending physician or midwife, then the householder should make this return. } (Signature) C. J. Sturgeon
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 1911

Address _____

Filed July 14 1911 B. S. Day LOCAL REGISTRAR.
 Filed 8/10 1911 B. S. Day COUNTY REGISTRAR.

091-3707 491
 COUNTY REGISTRAR