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

M. 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 3 days after birth.

PLACE OF BIRTH **ARIZONA TERRITORIAL BOARD OF HEALTH**
 County of Eschscholtz **BUREAU OF VITAL STATISTICS. Ter. Index No. ~~78~~ 98**
 District of _____ **ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 150**
 Town of _____ **Local Registrar's No. _____**
 or _____
 City of Eslobe (No. _____ St; _____ Ward)

FULL NAME OF CHILD Edward Baker { Born YES }
 { Alive NO }

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

Sex of Child	<u>M</u>	Twin, triplet or other	and	Number in order of birth	<u>1</u>	Legitimate?	<u>yes</u>	Date of Birth	<u>July 17</u> 19 <u>11</u>
Full Name	FATHER <u>Earl K Baker</u>				MOTHER <u>Rose Adelman</u>				
Residence	<u>808 Maple St</u>				<u>808 Maple St</u>				
Color or Race	<u>White</u>	Age at last Birthday	<u>23</u>	(Years)	Color or Race	<u>White</u>	Age at last Birthday	<u>15</u>	(Years)
Birthplace	<u>Col</u>				<u>N. M.</u>				
Occupation	<u>Miner</u>				<u>Housewife</u>				
Number of child of this mother . . .			Number of children, of this mother, now living . . .			Were Precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of above child; and that it occurred on July 19 1911, at 10 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. } (Signature) A. S. Sturdy
 (Attending physician, midwife, householder. *)
 Given or christian name added from a supplemental report _____ 191____ Address Globe Ariz
 Filed July 19 1911 B. E. Fox LOCAL REGISTRAR.
524-717-915 Filed 8/2 1911 B. E. Fox COUNTY REGISTRAR.
 COUNTY REGISTRAR.