

4206

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.

PLACE OF BIRTH **ARIZONA TERRITORIAL BOARD OF HEALTH**
 County of Navajo BUREAU OF VITAL STATISTICS. Ter. Index No. 266
 District of Taylor ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 207
 Town of Taylor Local Registrar's No. _____
 City of _____

(No. _____ St; _____ Ward)
 FULL NAME OF CHILD Effie Geneva Hancock } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child female } and } Legit- } Date of }
 Twin, Triplet or other } Number; in order of birth } mate? } Birth }
Yes } July 27 } 1911 }
 (Month) (Day) (Yr.)

FATHER
 Full Name Thomas Hancock
 Residence Taylor
 Color or Race White Age at last Birthday 35 (Years)
 Birthplace Leeds Utah
 Occupation Farmer

MOTHER
 Full Maiden Name Mary M Bates
 Residence Taylor Ariz
 Color or Race White Age at last Birthday 30 (Years)
 Birthplace Fountain Green Utah
 Occupation Housekeeper

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

*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 _____

582-727-422
 COUNTY REGISTRAR

Filed July 1 1911
 Filed July 5 1911

Hilda S Lewis
 LOCAL REGISTRAR.
Sam Murphy
 COUNTY REGISTRAR.