4316

amendment attached

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 8

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 96

Local Registrar's No. ____

PLACE OF BIRTH
County of Apache
District of ____
Town of St. Johns
or
City of ____

(No. ____ St; ____ Ward)

FULL NAME OF CHILD Unnamed. 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 — | Legitimate? yes | Date of Birth Aug. 27 1911 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Edwin T. Whiting	Full Maiden Name	Ethel Farr
Residence	St. Johns, Ariz	Residence	St. Johns, Ariz
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	29	Age at last Birthday (Years)	25
Birthplace	Arizona	Birthplace	Utah
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 3 | Number of children, of this mother, now living 2 | 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, Aug 27 1911, at 2:10 A.M.

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

(Signature) Alonzo S. Roberts
(Attending physician, ~~midwife, householder~~ *)

Given or christian name added from a supplemental report ____ 191__

Address St. Johns Ariz

Filed Aug 28 1911 A. S. Roberts
LOCAL REGISTRAR.

467-827-5569
COUNTY REGISTRAR.

Filed Sept 1 1911 [signature]
COUNTY REGISTRAR.

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.