

7037

This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of _____
 or _____
 City of Eslohe

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. Ter. Index No. 99
 ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 194
 Local Registrar's No. _____

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

Sex of Child <u>Female</u>	Twins, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth <input checked="" type="checkbox"/>	Legitimate? <u>Yes</u>	Date of Birth <u>Sept 26</u> 19 <u>11</u> (Month) (Day) (Yr)
FATHER Full Name <u>Wm Janner</u> Residence <u>267 Cuperte St.</u> Color or Race <u>White</u> Age at last Birthday <u>20</u> (Years) Birthplace <u>Bessmer, Mich</u> Occupation <u>Boilermaker</u>			MOTHER Full Maiden Name <u>Hazel Johnson</u> Residence <u>Same</u> Color or Race <u>White</u> Age at last Birthday <u>17</u> (Years) Birthplace <u>Galveston, Texas</u> Occupation <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 Sept 26 1911, at 20 M
 *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 _____ 191____
 Address _____
 Filed 9/30 19111 B. G. Fox LOCAL REGISTRAR.
539-926-815 Filed 10/5 19111 B. G. Fox W.D. COUNTY REGISTRAR.