

4853

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 Graham **BUREAU OF VITAL STATISTICS. Ter. Index No. 110**  
 District of \_\_\_\_\_ **ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 2274**  
 Town of Hatcher **Local Registrar's No. 29**  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (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>M.</u>	and	Number in order of birth	<u>1</u>	Legitimate?	<u>yes</u>	Date of Birth	<u>Sept. 18</u> 19 <u>11</u>
	<small>Male</small>						<small>(Month) (Day) (Yr.)</small>	
<b>FATHER</b>				<b>MOTHER</b>				
Full Name	<u>John A. Peay</u>			Full Maiden Name	<u>Zina Hoopes</u>			
Residence	<u>Hatcher</u>			Residence	<u>Hatcher</u>			
Color or Race	<u>W</u>	Age at last Birthday	<u>21</u>	Color or Race	<u>W</u>	Age at last Birthday	<u>20</u>	
		<small>(Years)</small>				<small>(Years)</small>		
Birthplace	<u>Arizona</u>			Birthplace	<u>Hatcher, Arizona</u>			
Occupation	<u>Farmer</u>			Occupation	<u>Housewife</u>			
Number of child of this mother	<u>1</u>	Number of children, of this mother, now living	<u>1</u>	Were Precautions taken against Ophthalmia neonatorum? <u>4</u>				

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 I hereby certify that I attended the birth of above child; and that it occurred on Sept. 18 1911, at 11:45 **A.M.**  
 (Signature) A. J. Warner (Attending physician, midwife, householder. \*)  
 Address Safford, A.T.  
 Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_  
398-918-982 **COUNTY REGISTRAR**  
 Filed Nov 8 1911 **LOCAL REGISTRAR.**  
 Filed Nov 12 1911 **COUNTY REGISTRAR.**