2042

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

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.

# ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 246

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 249

Local Registrar's No. ____

**PLACE OF BIRTH**

County of Navajo

District of Taylor

Town of Taylor

or City of ____

(No. ____ St; ____ Ward)

FULL NAME OF CHILD not named

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: Sep (Month) 21 (Day) 1911 (Yr.)

**FATHER**

Full Name: Aquilla F Standiford

Residence: Taylor Ariz

Color or Race: White | Age at last Birthday: 32 (Years)

Birthplace: Kanab Utah

Occupation: + Maison.

**MOTHER**

Full Maiden Name: Eva Hunt

Residence: Taylor Ariz

Color or Race: White | Age at last Birthday: 25 (Years)

Birthplace: Snowflake Arizona

Occupation: housekeeper

Number of child of this mother: 5 | Number of children, of this mother, now living: 4 | Were Precautions taken against Ophthalmia neonatorum? No

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Sept 21, 1911, at 7.15 pm.

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

(Signature) ____ (Attending physician, midwife, householder. *)

Address ____

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

Filed Oct 1 1911 — Hilda S Lewis, LOCAL REGISTRAR.

624-921-583 COUNTY REGISTRAR

Filed Oct 5 1911 — [signature], COUNTY REGISTRAR.