

2248

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

If more than one child at a birth, a SEPARATE REPORT 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 Yuma **BUREAU OF VITAL STATISTICS. Ter. Index No. 97**
 District of _____ **ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 205**
 Town of _____ **Local Registrar's No. _____**
 or Yuma
 City of _____ **(No. _____ St; _____ Ward)**

FULL NAME OF CHILD George Edward Rowe { Born } YES
 { Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male { Twin, Triplet or other } and { Number in order of birth } Legitimate? Yes Date of Birth Oct 18 1911
 (Month) (Day) (Yr.)

FATHER
 Full Name Edwin Rowe
 Residence 697 Sutherland
 Color or Race White Age at last Birthday 41 (Years)
 Birthplace England
 Occupation Miner

MOTHER
 Full Maiden Name Indiana Thomas
 Residence Same
 Color or Race White Age at last Birthday 38 (Years)
 Birthplace England
 Occupation Housewife

Number of child of this mother 8 Number of children, of this mother, now living 8 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 Oct 18 1911, at 7 PM

*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 _____ 1911

Address _____

Filed Oct 23 1911

B. S. Gray
 LOCAL REGISTRAR

795-1018-932
 COUNTY REGISTRAR

Filed Nov 5 1911

B. S. Gray W. W.
 COUNTY REGISTRAR