

2730

one child is not named by attending physician or midwife with the local Registrar within 3 days after birth.

PLACE OF BIRTH
 County of Greene
 District of Clifton
 Town of _____
 or
 City of _____

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. *Ter. Index No.* 137
 ORIGINAL CERTIFICATE OF BIRTH. *Co. Register No.* 387
Local Registrar's No. 162

FULL NAME OF CHILD Charlotte Berneke Hampton *(No. _____ St; _____ Ward)*
 Born YES
 Alive 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?* **Date of Birth** 11 27 1911
(Month) (Day) (Yr.)

FATHER
 Full Name Wade Hampton
 Residence Clifton
 Color or Race white *Age at last Birthday* 37 *(Years)*
 Birthplace Mississ.
 Occupation Insurance

MOTHER
 Full Maiden Name Charlotte Berneke Hampton
 Residence Clifton
 Color or Race white *Age at last Birthday* 29 *(Years)*
 Birthplace Penna.
 Occupation Housewife

Number of child of this mother? 2 Number of children, of this mother, now living? 2 Were Precautions taken against Ophthalmia neonatorum? 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, 11 27 1911, at L.P.M.
 *When there is no attending physician or midwife, then the householder should make this return.

Given or christian name added from a supplemental report _____ 191____
 (Signature) [Signature] *(Attending physician, midwife, householder. *)*
 Address Clifton, Ariz.

Filed 12/5 1911 LOCAL REGISTRAR [Signature]
 Filed 12/9 1911 COUNTY REGISTRAR [Signature]
385-1127-323 COUNTY REGISTRAR