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SEPARATE RETURN must be made for each, and the number of each, in order of birth. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. *Ter. Index No. 227*

ORIGINAL CERTIFICATE OF BIRTH. *Co. Register No. 46*

PLACE OF BIRTH
 County of Mohave
 District of _____
 Town of Chloride
 or _____
 City of _____

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD No name { Born } YES
 { Alive } ~~YES~~

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	Legitimacy	Date of Birth	Dec. 22, 1911	
Full Name		FATHER			Full Maiden Name		MOTHER		
Residence		Louis Garfield Nuttycombe			Annie Lucile Moore		Chloride, Arizona		
Color or Race		White			White		Idaho.		
Age at last Birthday		28			20				
Birthplace		England			Idaho.				
Occupation		Miner			Housewife				

Number of child of this mother. 1 Number of children, of this mother, now living. 1 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, Dec. 22, 1911, at 6:30 AM

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

(Signature) Albert L. Tilton, M.D.
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 1911

Address Kingman, Arizona

Filed Dec 23 1911 W. C. Babcock
 LOCAL REGISTRAR.

Filed Jan 8 1912 John R. White
 COUNTY REGISTRAR.

355-1222-145
 COUNTY REGISTRAR