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N. B.—In case of more than one child at a birth, a SEPARATE 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.**

PLACE OF BIRTH  
 County of Yuma  
 District of Yuma  
 Town of \_\_\_\_\_  
 City of Yuma (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

Co. Registrar No. 83  
 Local Registrar's No. 17

FULL NAME OF CHILD Maria Beatrice Sindstrom {Born } YES  
 {Alive } NO

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

Sex of Child <u>Female</u>	Twin, Triplet or other plural <input checked="" type="checkbox"/>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 7</u> 191 <u>2</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Wm H Sindstrom</u>			Full Maiden Name <u>Maria Deas Sindstrom</u>		
Residence <u>368 So E. St</u>			Residence <u>None</u>		
Color or Race <u>White</u>		Age at last Birthday <u>42</u> (Years)	Color or Race <u>Mex.</u>		Age at last Birthday <u>19</u> (Years)
Birthplace <u>Sweden</u>			Birthplace <u>Mexico</u>		
Occupation <u>Bridge Man</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>yes</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on, Feb 7 1912, at P.M.

(Signature) C. J. Sturgeon  
 (Attending physician, midwife, householder.)

Address Yuma Ariz

supplemental report \_\_\_\_\_ 191\_\_\_\_ Filed Feb 12 1912 LOCAL REGISTRAR. B. G. Jay

431-207-424 Filed Mar 5 1912 COUNTY REGISTRAR. B. G. Jay