971

PLACE OF BIRTH

ARIZONA TERRITORIAL BOARD OF HEALTH

County of Gila CERTIFICATE AMENDED SEE NOTATION

BUREAU OF VITAL STATISTICS. Ter. Index No. 98

District of Globe

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 34

Town of Miami

Local Registrar's No. 30

or

City of ..... (No. ..... St; ..... Ward)

FULL NAME OF CHILD ~~No name~~ Francois Louis Brunst {Born / Alive} YES ~~NO~~

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

Sex of Child	Twin, Triplet or other plural	and	Number; in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	February 28 (Month) 7 (Day) 1912 (Yr.)

FATHER		MOTHER	
Full Name	Charles Hector Brunst	Full Maiden Name	Bessie Harris
Residence	Miami Arizona	Residence	Miami Arizona
Color or Race	W	Color or Race	W
Age at last Birthday (Years)	28 29	Age at last Birthday (Years)	28 29
Birthplace	Brazill	Birthplace	England
Occupation	Miner	Occupation	House Wife

Number of child of this mother 5 | Number of children, of this mother, now living 5 | 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, Feb 27 *1912, at* 8 P.M. ~~P.M~~

(Signature) W. E. McWhirt
(Attending physician, ~~midwife, householder~~)

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

Address Miami Arizona

~~Given or christian~~ name added ~~from a~~ date & time of birth and parents ages corrected by supplemental report of ~~191~~ Filed Nov 29 1912

B. G. Fox
LOCAL REGISTRAR.

Attending Physician ~~Filed~~ Apr 1 1912

B. G. Fox MD
COUNTY REGISTRAR.

COUNTY REGISTRAR. (8-6-68 bms)

623-228-282

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.