9131

birth, states. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH

County of _____

District of Phoenix

Town of _____

or

City of _____

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 212 ~~4~~

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. _____

Local Registrar's No. 1124

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Elane Mary Rhodes { 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	and	Number; in order of birth	Legitimate?	Date of Birth
Female	Single		2	Yes	Feb (Month) 21 (Day) 1912 (Yr.)

FATHER		MOTHER	
Full Name	Albert Rhodes	Full Maiden Name	Sydney Vincel
Residence	Phoenix	Residence	Phoenix
Color or Race	White	Color or Race	White
Age at last Birthday	29 (Years)	Age at last Birthday	24 (Years)
Birthplace	Mich	Birthplace	Ariz
Occupation	Rancher	Occupation	Wife & teacher

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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 21 1912, at 8:30 A M

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

(Signature) G. S. Morrison
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191__

Address Phoenix

Filed 2/29 1912 — [signature] LOCAL REGISTRAR.

Filed _____ 191__ [signature] COUNTY REGISTRAR.

292-221-292
COUNTY REGISTRAR