1404

# ARIZONA TERRITORIAL BOARD OF HEALTH

*BUREAU OF VITAL STATISTICS.*

**ORIGINAL CERTIFICATE OF BIRTH.**

Ter. Index No. 91

Co. Register No. 80

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of [illegible]

or

City of [illegible]

(No. St; Ward)

FULL NAME OF CHILD [illegible]

{~~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 |
|---|---|---|---|---|---|
| girl | no | | [illegible] | [illegible] | [illegible] (Month) 19 (Day) 191 (Yr.) |

| FAHTER | | MOTHER | |
|---|---|---|---|
| Full Name | [illegible] Encinas | Full Maiden Name | [illegible] |
| Residence | [illegible] | Residence | [illegible] |
| Color or Race | [illegible] | Color or Race | [illegible] |
| Age at last Birthday | 28 (Years) | Age at last Birthday | [illegible] (Years) |
| Birthplace | [illegible] | Birthplace | [illegible] |
| Occupation | [illegible] | Occupation | [illegible] |

Number of child of this mother ..... | Number of children, of this mother, now living ..... | Were Precautions taken against Ophthalmia neonatorum? [illegible]

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

*I hereby certify that I attended the birth of above child; and that it occurred on,* [illegible] *191*[illegible], *at* [illegible] *M*

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

*(Signature)* [illegible]
*(Attending physician, midwife, householder.*)*

*Given or christian name added from a supplemental report* ..... *191*.....

*Address* [illegible]

*Filed* May 1 *191*2 — C B Wiley, LOCAL REGISTRAR

052-219-571 — COUNTY REGISTRAR.

*Filed* May 6 *1912* — [illegible] MD, COUNTY REGISTRAR.

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