

1896

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.

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS. 86

**ORIGINAL CERTIFICATE OF BIRTH.** Ter. Index ~~86~~

PLACE OF BIRTH  
County of Gila  
District of Mission Globe  
Town of Mission  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_) Register No. 69  
Local 58 Ward)

FULL NAME OF CHILD Edward T. Washor Jr Born  Yes  
Alive  No

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

|                                   |  |                            |  |                         |  |
|-----------------------------------|--|----------------------------|--|-------------------------|--|
| Sex of Child <u>Male</u>          | <input checked="" type="checkbox"/> Twin, <input checked="" type="checkbox"/> Triplet or other | and                        | Number in order of birth <u>1st</u>    | Legiti mate? <u>yes</u> | Date of Birth <u>April 10th</u> 19 <u>12</u><br>(Month) (Day) (Year) |
| FATHER                            |  |                            | MOTHER                                 |                         |  |
| Full Name <u>Edward T. Washor</u> |  |                            | Full Maiden Name <u>Alice Loay</u>     |                         |  |
| Residence <u>Mission</u>          |  |                            | Residence <u>Mission</u>               |                         |  |
| Color or Race <u>White</u>        | Age at last Birthday <u>29</u> (Years)   | Color or Race <u>White</u> | Age at last Birthday <u>21</u> (Years) |                         |  |
| Birthplace <u>Kansas</u>          |  |                            | Birthplace <u>Arizona</u>              |                         |  |
| Occupation <u>Insurance Agent</u> |  |                            | Occupation <u>Housewife</u>            |                         |  |

Number of child of this mother..... Number of children, of this mother, now living..... Were precautions taken against Ophthalmia neonatorum?.....

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

I hereby certify that I attended the birth of above child; and that it occurred on April 10, 1912, at 6 A M

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

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_ Filed Apr 10 1912 Address Mission

(Signature) John A. Loay M.D.  
(Attending physician, midwife, householder. \*)

549-410-138 Filed May 1 1912 B.G. Fox LOCAL REGISTRAR.  
COUNTY REGISTRAR. B.G. Fox M.D. COUNTY REGISTRAR.