

4898

Record. Write in y, with Unfading Ink. This is a Perma-

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in a birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days.

PLACE OF BIRTH

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. ⁸⁷ ~~77~~

County of Yuma
District of Yuma Globe
Town of Miami
City of _____

ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 70
Local Registrar's No. 59

(No. _____) St; _____ Ward)
FULL NAME OF CHILD Walter Randall Hawkins } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male } and } Number; in order of birth X } Legitimate? Yes } Date of Birth April 11 1912
Twin, Triplet or other Age at last Birthday... 23... (Years) (Month) (Day) (Yr.)

FATHER
Full Name Arthur Jasper Hawkins
Residence Miami Arizona
Color or Race White
Birthplace Texas
Occupation Assistant Engineer

MOTHER
Full Maiden Name Lelea Cornett
Residence Miami Arizona
Color or Race White
Birthplace Arizona
Occupation Housewife

Number of child of this mother. 1 Number of children, of this mother, now living. 1 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, April 11 1912, at 2:50 A.M.

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

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

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

Address Miami Arizona

Filed Apr 15 1912

B. J. Fox M.D.
LOCAL REGISTRAR

Filed May 1 1912

B. J. Fox M.D.

642-411-333
COUNTY REGISTRAR