9913

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

97 Ter. Index ~~397~~

Co. Register No. 82

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Hayden

Town of Hayden

or

City of

(No. St; Ward)

FULL NAME OF CHILD Cecilia Fellows

{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
female			2	yes	April (Month) 28 (Day) 1912 (Yr.)

FATHER		MOTHER	
Full Name	William J. Fellows	Full Maiden Name	May Kelsey
Residence	Hayden	Residence	Hayden
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	25	Age at last Birthday (Years)	21
Birthplace	Ariz.	Birthplace	Cal
Occupation	Book keeper	Occupation	housewife

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, April 28 1912, at 6 P.M.

(Signature) C B Wiley
(Attending physician, midwife, householder.*)

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

Address Hayden

Given or christian name added from a supplemental report 191

Filed May 1 1912 C B Wiley Ariz
LOCAL REGISTRAR.

362-428-428
COUNTY REGISTRAR.

Filed May 6 1912 B S Fiat M.D.
COUNTY REGISTRAR.

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.