

2102

Write P y with Unfading Ink.—This is a Permanent Record.
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 each local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Maricopa
District of Pine Top
Town of Pine Hill
or
City of ...

BUREAU OF VITAL STATISTICS.

250 ~~377~~
State Index No.

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 110

Local Registrar's No. 1

(No. _____ St; _____ Ward)
FULL NAME OF CHILD Collis Clyde Perrod } Born } YES
Alive } NO

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

Sex of Child white Twin, Triplet or other } and } Number in order of birth } Legiti- mate? } Date of Birth April 26 1912
(Month) (Day) (yr.)

FATHER
Full Name Dr Perrod
Residence Pine Top
Color or Race white Age at last Birthday 47 (Years)
Birthplace Utah
Occupation Stock Raiser

MOTHER
Full Maiden Name Maria A Perrod
Residence Pine Top Ariz
Color or Race white Age at last Birthday 40 (Years)
Birthplace Utah
Occupation Care of family

Number of child of this mother 9 Number of children, of this mother, now living 7 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, _____ 191____, at _____ M.

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

(Signature) Loretta Hansen
(Attending physician, midwife, householder.)

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

Address Lake side Ariz

374-426-474
COUNTY REGISTRAR.

Filed 5-1 1912

Filed 5-10 1912

Albert Perrod
LOCAL REGISTRAR
A True Copy
J. W. Carroll
COUNTY REGISTRAR.