114

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 86 ~~370~~

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 109

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of Miami

Town of Miami

or

City of X

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Albert Wilbur Wiest — 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	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	June (Month) 11 (Day) 1912 (Yr.)

FATHER		MOTHER	
Full Name	Samuel H Wiest	Full Maiden Name	Ellen Herman
Residence	Miami	Residence	Miami Arizona
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	24	Age at last Birthday (Years)	17
Birthplace	New Mexico	Birthplace	So Dakota
Occupation	Carpenter	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, June 11 1912, at 1:10 A M

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

(Signature) John E Bacon
(Attending physician, midwife, householder. *)

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

Address Miami Ariz

Filed 6 6 1912 — B. G. [illegible] LOCAL REGISTRAR.

153-611-585 COUNTY REGISTRAR

Filed 6 0 1912 — B. G. [illegible] COUNTY REGISTRAR.

...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.