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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.

PLACE OF BIRTH

County of Gila

District of Pine

Town of Pine

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 78

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No.

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Ada May Randall {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? yes	Date of Birth July (Month) 6 (Day) 1912 (Yr.)

FATHER		MOTHER	
Full Name	Burt Davis Randall	Full Maiden Name	Pearl Leavitt
Residence	Pine	Residence	Pine
Color or Race	Age at last Birthday 30 (Years)	Color or Race	Age at last Birthday 25 (Years)
Birthplace	Arizona	Birthplace	Ariz
Occupation	Stock raising	Occupation	

Number of child of this mother 3 | Number of children, of this mother, now living 3 | 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, July 6 1912, *at* M

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

(Signature) Gilpha D. Earl
(Attending physician, midwife, householder.*)

Given or christian name added from a

Address Pine Ariz

supplemental report 191 *Filed* 191 J. L. Patterson
LOCAL REGISTRAR.

193-706-733
COUNTY REGISTRAR.

Filed July 15 1912 B. G. Fox
COUNTY REGISTRAR.