

535

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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS.

State Index No. 84

**ORIGINAL CERTIFICATE OF BIRTH.**

County of Yuma  
District of Eslove  
Town of Yuma  
or  
City of \_\_\_\_\_

Co. Register No. \_\_\_\_\_  
Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Thome

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

Sex of Child <u>Female</u>	Twin, Triplet or other <u>-</u>	and	Number in order of birth <u>-</u>	Legitimate? <u>Y</u>	Date of Birth <u>July 15</u> 191 <u>7</u>
					(Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name <u>Clarence Pultledge</u>	Full Maiden Name <u>Verne Davidson</u>	Residence <u>Yuma Ariz</u>	Residence <u>Yuma Ariz</u>
Color or Race <u>W</u>	Color or Race <u>W</u>	Age at last Birthday <u>39</u> (Years)	Age at last Birthday <u>28</u> (Years)
Birthplace <u>Iowa</u>	Birthplace <u>Tenn</u>	Occupation <u>Miner</u>	Occupation <u>House wife</u>

Number of child of this mother 2      Number of children, of this mother, now living 1      Were precautions taken against Ophthalmia neonatorum? Y

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on July 15 1917, at 9 PM.

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

(Signature) W. M. G. White  
(Attending physician, midwife, householder.)

Address Yuma Ariz

Given or christian name added from a supplemental report \_\_\_\_\_ 1917

095-715-545  
COUNTY REGISTRAR.

Filed 7/20 1917  
Filed 8/5 1917

A True Copy  
LOCAL REGISTRAR B. J. J. M. H.  
COUNTY REGISTRAR.