

536

P. S.—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.

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS. 85

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No.

PLACE OF BIRTH  
County of Esala  
District of Eslohs  
Town of Eslohs  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Register No. \_\_\_\_\_

FULL NAME OF CHILD Olinus Yebel Born  Yes  
Alive  No

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

Sex of Child <u>Male</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth <input checked="" type="checkbox"/>	Legit. mater <u>Yes</u>	Date of Birth <u>July 16</u> 19 <u>12</u>
Full Name <u>Paul W. Yebel</u> FATHER		Full Maiden Name <u>Gertrude Albart</u> MOTHER			
Residence <u>300 Oak St.</u>		Residence <u>Same</u>			
Color or Race <u>White</u>	Age at last Birthday <u>30</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>26</u> (Years)		
Birthplace <u>Allantown, Pa.</u>		Birthplace <u>Port City Iowa</u>			
Occupation <u>miner</u>		Occupation <u>Housewife</u>			

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 July 16, 1912, at B M

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

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_ Filed 7/20 1912 Address \_\_\_\_\_

683-716-713 COUNTY REGISTRAR. Filed 8/6 **A TRUE COPY.** LOCAL REGISTRAR. B. G. J. J. J. COUNTY REGISTRAR.