

554

5 days after birth. ... use as used by me attending physician or midwife with the local registrar.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

97

Ter. Index No.

PLACE OF BIRTH

County of Yuma
District of Yuma
Town of Yuma
or City of Yuma

Register No. _____
St.; _____ Ward)

FULL NAME OF CHILD

Charles Hudson Kitzmiller

Born Yes
Alive No

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

Sex of Child Male Twin, Triplet or other and Number in order of birth 1 Legiti mate? Yes Date of Birth July 22 1912
(Month) (Day) (Year)

FATHER
Full Name Walsfall Kitzmiller
Residence 590 North St.

MOTHER
Full Maiden Name Cary Daniels
Residence Same

Color or Race White Age at last Birthday 45 (Years)

Color or Race White Age at last Birthday 30 (Years)

Birthplace Glades Spring Va.

Birthplace Oglethorpe Ga.

Occupation Pumpman

Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 2 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 22, 1912, at 10 M

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

(Signature) O. J. Sturgeon
(Attending physician, midwife, householder)

Given or christian name added from a supplemental report _____ 19 _____

Filed 7/22 19 _____

Address B. G. Jones

029-722-342
COUNTY REGISTRAR.

Filed 8/5 A TRUE COPY. 10 _____

B. G. Jones
LOCAL REGISTRAR.
COUNTY REGISTRAR.