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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. 103

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. ~~[illegible]~~

Register No. 222

PLACE OF BIRTH

County of Gila

District of Globe

Town of Miami

or

City of

(No. ..... St.; ..... Ward)

FULL NAME OF CHILD —

Born Alive Yes ~~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 4th | Legitimate? Yes | Date of Birth Aug (Month) 22 (Day) 1912 (Year)

FATHER		MOTHER	
Full Name	James Van Wenkle	Full Maiden Name	Ella Hines
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	American	Age at last Birthday	28 (Years)
Birthplace	Texas	Age at last Birthday	21 (Years)
Occupation	Translit	Birthplace	New Mex
		Occupation	Housewife

Number of child of this mother 4 | 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 Aug 22, 1912, at 3 P. M

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

(Signature) John H Lacy MD (Attending physician, midwife, householder.*)

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

Filed Aug 31 1912

Address Miami Ariz

B. G. Fray LOCAL REGISTRAR

A TRUE COPY.

055-822-582 COUNTY REGISTRAR.

Filed Oct 5 1912

B G Fray MD COUNTY REGISTRAR.

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 with 5 days after birth.