

995

Consolidated Record.

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.

PLACE OF BIRTH

County of Yuma
District of Seabe
Town of Eslobe
or Eslobe
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index 106

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 214

Local Registrar's No. _____

FULL NAME OF CHILD Floyd Dale Scott (No. _____ St; _____ Ward) } 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 Legit- mate? Yes Date of Birth Aug. 25 1912 (Month) (Day) (yr.)

FATHER
Full Name Newton Scott
Residence Miami Farm
Color or Race White Age at last Birthday 30 (Years)
Birthplace New Bavaria Ohio
Occupation Farmer

MOTHER
Full Maiden Name Mary Wyatt
Residence Same
Color or Race White Age at last Birthday 26 (Years)
Birthplace Rapahoe, Ohio
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 Aug 25 1912, at 109 M.

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

(Signature) C. J. Surgeon (Attending physician, midwife, householder.)*

Given or christian name added from a

Address _____

supplemental report _____ 1912

Filed Aug 30 1912

B. G. Jay LOCAL REGISTRAR.

623-825-463 COUNTY REGISTRAR.

Filed Sept 1 1912

A True Copy B. G. Jay COUNTY REGISTRAR.