1026

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT 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 the Local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Graham

District of Thatcher

Town of .....

or

City of .....

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index 128

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 141

Local Registrar's No. 94

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

FULL NAME OF CHILD Jones

{Born / Alive} YES ~~NO~~

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

Sex of Child	Twin, Triplet or other plural	and Number; in order of birth	Legitimate?	Date of Birth
Boy		1st	yes	8 (Month) 23 (Day) 1912 (Yr.)

FAHTER		MOTHER	
Full Name	David S. Jones	Full Maiden Name	Clara Hoopes
Residence	Thatcher	Residence	Thatcher Ariz
Color or Race	White	Color or Race	White
Age at last Birthday	23 (Years)	Age at last Birthday	20 (Years)
Birthplace	Arizona	Birthplace	Arizona
Occupation	Farmer	Occupation	House wife

Number of child of this mother 1st | Number of children, of this mother, now living all | Were Precautions taken against Ophthalmia neonatorum? —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, 8/23 1912, at 1 AM

(Signature) W. E. Plat M D
(Attending physician, midwife, householder.)*

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

Given or christian name added from a supplemental report ..... 191....

Address .....

Filed 9/5 1912 Mrs. H. D. French
LOCAL REGISTRAR.

112-823-382
COUNTY REGISTRAR.

Filed 9/10 1912 R. C. Dryden
COUNTY REGISTRAR.