

4432

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 Esila
District of Esila
Town of Livingstone
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 105

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 230

Local Registrar's No. _____

FULL NAME OF CHILD Henry Wood (No. _____ St; _____ Ward)

If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } YES }
Alive } NO }

Sex of Child M } and } Number in order of birth 6 Legitimate? yes Date of Birth Sept 16 1912
(Month) (Day) (yr.)

FATHER
Full Name Gas Wood
Residence Salt River (Livingstone)
Color or Race White Age at last Birthday 49 (Years)
Birthplace Mo
Occupation Rancher

MOTHER
Full Maiden Name Kate Sheets
Residence Livingstone
Color or Race W Age at last Birthday 38 (Years)
Birthplace Mo
Occupation Housewife

Number of child of this mother... 6 Number of children, of this mother, now living... 6 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 Sept 16 1912, at 10 A.M.

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

(Signature) R. J. Kennedy
(Attending physician, midwife, householder.)

Given or christian name added from a

Address Globe

supplemental report _____ 191__

Filed Sept 20 1912

B. G. Gray
LOCAL REGISTRAR.

916-222
COUNTY REGISTRAR.

Filed Oct 5 1912

A True Copy
B. G. Gray M.D.
COUNTY REGISTRAR.