

4770

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be filed by the attending Physician or Midwife with the Local Registrar within 6 days after birth.

PLACE OF BIRTH
 County of Yuma
 District of Wenden
 Town of Wenden
 or
 City of _____ (No. _____ St; _____ Ward)

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. Ter. Index No. 355
 ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 108
 Local Registrar's No. _____

FULL NAME OF CHILD Eustaquio Perfecto Seivas {Born} YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. {Alive} ~~NO~~

Sex of Child male Twin, Triplet or other plural no and Number in order of birth 1 Legitimate? yes Date of Birth Sept-20 1912
 (Month) (Day) (Yr.)

FATHER
 Full Name Perfecto Seivas
 Residence Hackberry, Ariz
 Color or Race Mexican Age at last Birthday 35 (Years)
 Birthplace Wickenburg Ariz.
 Occupation Cattlemen

MOTHER
 Full Maiden Name Elvita Gonzalez
 Residence Wenden Ariz
 Color or Race Mexican Age at last Birthday 21 (Years)
 Birthplace Chrumburg Ariz.
 Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1 Were Precautions taken against Ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Sept-20 1912, at 6 AM
 (Signature) F. F. Cartmell M.D.
 (*When there is no attending physician or midwife, then the householder should make this return.)
 (Attending physician, midwife, householder.)*
 Address Bouse Ariz

Given or christian name added from a supplemental report _____ 191 _____
 Filed Sept 22 1912
532-920-572 Filed Oct 9 1912
 COUNTY REGISTRAR. LOCAL REGISTRAR. COUNTY REGISTRAR.