9909

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 96

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 223

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Hayden

Town of Hayden

or

City of

(No. St; Ward)

FULL NAME OF CHILD Born Alive YES

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

Sex of Child Female | Twin, Triplet or other | and | Number; in order of birth 2 | Legitimate? Yes | Date of Birth Oct (Month) 4 (Day) 1912 (Yr.)

FATHER		MOTHER	
Full Name	J. A. Grace	Full Maiden Name	Limpi Hockola
Residence	Hayden Ariz.	Residence	Hayden Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	28	Age at last Birthday (Years)	23
Birthplace	Ill.	Birthplace	Wyoming
Occupation	Carpenter	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, Oct 4 1912, at 5 P. M

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

(Signature) C B Wiley
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address Hayden Ariz.

Filed Nov 1 1912

C B Wiley
LOCAL REGISTRAR

075-1004-381
COUNTY REGISTRAR

Filed Nov 5 1912

B. G. Fox M.D.
COUNTY REGISTRAR

WHITE FAMILY, WITH OMEGING THE.—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.