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This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.
ORIGINAL CERTIFICATE OF BIRTH.

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

Tor. Index No. 92
Co. Register No. X 6
Local Registrar's No. _____

FULL NAME OF CHILD George Maurin Leavitt {Born} YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. {Alive} NO

Sex of Child <u>Male</u>	Twin, Triplet or other plural	and Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>June 7 1913</u> (Month) (Day) (Yr.)
FATHER Full Name <u>George W Leavitt</u> Residence <u>Pine</u> Color or Race <u>white</u> Age at last Birthday <u>24</u> (Years) Birthplace <u>Ariz</u> Occupation <u>Farming</u>		MOTHER Full Maiden Name <u>Mary Libban Carl</u> Residence <u>Pine</u> Color or Race <u>white</u> Age at last Birthday <u>21</u> (Years) Birthplace <u>Ariz</u> Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>2</u>		Were Precautions taken against Sphincter's nonreturn? <u>yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, June 7 1913, at 2. M

(Signature) Mrs. J. D. Carl
(Attending physician, midwife, householder.)
Address One 1st St

supplemental report _____ 191____ Filed _____ 191____
733-107-453 Filed Jan 27 191
COUNTY REGISTRAR. LOCAL REGISTRAR. COUNTY REGISTRAR.

Justice of the Peace
Hayden, Arizona