2334

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 89

Register No. 127

PLACE OF BIRTH

County of Gila

District of ~~Miami~~ Globe

Town of Miami

or City of ..... (No. ..... St.; ..... Ward)

FULL NAME OF CHILD — Not named yet. Born Alive: Yes

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

Sex of Child: Male | ~~Twin~~, ~~Triplet~~ or other | and Number in order of birth: 3rd | Legitimate? yes | Date of Birth: 3 June (Month) (Day) 1913 (Year)

FATHER		MOTHER	
Full Name	E. Hayes Moore	Full Maiden Name	Sarah Agnes
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	26	Age at last Birthday (Years)	26
Birthplace	Texas	Birthplace	Texas
Occupation	Clerk	Occupation	Housewife

Number of child of this mother ..... | Number of children, of this mother, now living ..... | 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 June 3, 1913, at 7 P.M.

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

(Signature) John H Leary MD
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 19..... Filed 6/6 1913 Address Miami Ariz

B. G. Fox
LOCAL REGISTRAR.

A TRUE COPY.

045-603-215 Filed 7/8 1913 B. G. Fox
COUNTY REGISTRAR. COUNTY REGISTRAR

N. B.—In case of more than one child at a birth, a SEPARATE REPORT must be made for each, and the number of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local registrar within 5 days after birth.