

2362

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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 Silo
District of Seibu
Town of Shobe
or
City of Shobe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. State Index No. 107
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 142
Local Registrar's No. _____
(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____

{ Born } YES
{ Alive } NO

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 ✓ Legiti mate? Yes Date of Birth June 26 1913
(Month) (Day) (yr.)

FATHER
Full Name Theresa Charis
Residence Martin Hill
Color or Race My. Age at last Birthday 27 (Years)
Birthplace Myca
Occupation Millerman

MOTHER
Full Maiden Name Marguerita Madron
Residence Dame
Color or Race My Age at last Birthday 23 (Years)
Birthplace Dame
Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 3 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 June 26 1913, at 10 P.M.
(Signature) C. J. Sturgeon
(Attending physician, midwife, householder.)

*When there is no attending physician or midwife, then the householder should make this return.
Given or christian name added from a _____ Address _____

supplemental report _____ 1913

Filed July 1 1913

B. J. Day
LOCAL REGISTRAR.

032-626-445
COUNTY REGISTRAR.

Filed July 6 1913

A True Copy
B. J. Day
COUNTY REGISTRAR.