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 each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Aragua

Town of Hayden

or City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. ~~406~~ 67.

Co. Register No. 202

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Ada Evelyn Rainsbury

Born Alive: YES ~~NO~~

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

Sex of Child	~~Twin~~, ~~Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (yr.)
Female	Single		1	yes	Nov 2 1913

FATHER		MOTHER	
Full Name	W. E. Rainsbury	Full Maiden Name	Ada Walters
Residence	Hayden	Residence	Hayden
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	38	Age at last Birthday (Years)	34
Birthplace	England	Birthplace	Salt Lake Utah
Occupation	Employes in Smelter	Occupation	Home wife

Number of child of this mother 3 | 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 Nov 2 1913, at 7 A.M.

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

(Signature) H. P. Norman (Attending physician, midwife, householder.*)

Address Hayden Ariz.

Given or christian name added from a supplemental report 191

Filed Dec 1 1913. H. P. Norman LOCAL REGISTRAR.

128-1102-162 COUNTY REGISTRAR.

A True Copy

Filed Dec 10 1913 B. G. Lar COUNTY REGISTRAR.