

2164

A SEPARATE RETURN must be made for each child, and the number of each in order of birth stated. This certificate must be filed by the attending Physician or Midwife within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
CERTIFICATE AMENDED BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH Gila County of Gila District of Payson Town of Payson or City of _____

Ter. Index No. 70
 Register No. 296

SEE NOTATION

CERTIFICATE OF BIRTH.

Child's given name added per affidavit of registrant & birth record of _____ (No. child born 1-4-44 (1-21-75 el) St.; _____ Ward)

FULL NAME OF CHILD Joe Ann Booth { Born { Yes
 Alive { No

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

Sex of Child <u>F</u>	Twin, Triplet or other _____	Number in order of birth <u>3rd</u>	Legiti mate? <u>Yes</u>	Date of Birth <u>Nov 3</u> 19 <u>13</u>
Full Name <u>Albert Booth</u> FATHER		Full Maiden Name <u>Susan Hardt</u> MOTHER		
Residence <u>Gila</u>		Residence <u>Gila</u>		
Color or Race <u>White</u>	Age at last Birthday <u>35</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>33</u> (Years)	
Birthplace <u>Texas</u>		Birthplace <u>Ariz</u>		
Occupation <u>Ranch & Cattleman</u>		Occupation <u>Housewife</u>		

Number of child of this mother 5th Number of children, of this mother, now living 5 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 3, 1913, at 11 A.M

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

(Signature) C. H. Riss (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed _____ 19____ Address Payson Ariz
C. H. Riss LOCAL REGISTRAR.

028-1103-283 COUNTY REGISTRAR. Filed Nov 20 1913 B. E. Fox COUNTY REGISTRAR.