ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 271

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 28

Local Registrar's No.

PLACE OF BIRTH

County of

District of

Town of
or
City of

(No. St; Ward)

Born Alive { YES / NO

FULL NAME OF CHILD

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) 19.. (Yr.)

FATHER

Full Name

Residence

Color or Race | Age at last Birthday (Years)

Birthplace

Occupation

MOTHER

Full Maiden Name

Residence

Color or Race | Age at last Birthday (Years)

Birthplace

Occupation

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, 19.., at ..M.

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

(Signature) (Attending physician, midwife, householder.*)

Address

Given or christian name added from a supplemental report 191..

Filed 191..

LOCAL REGISTRAR.

COUNTY REGISTRAR.

Filed 191..

COUNTY REGISTRAR

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 the Local Registrar within 5 days after birth.