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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 119 ~~120~~

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 31

Local Registrar's No. ____

(No. ____ St; ____ Ward)

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

FULL NAME OF CHILD Blake { Born / Alive } YES ~~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 2 | Legitimate? Yes | Date of Birth Jan. 14 (Month) (Day) 1914 (Yr.)

FATHER		MOTHER	
Full Name	Martin Blake	Full Maiden Name	Grace Gladden
Residence	Payson Ariz	Residence	Payson Ariz
Color or Race	White — Age at last Birthday 33 (Years)	Color or Race	White — Age at last Birthday 32 (Years)
Birthplace	Ariz	Birthplace	Texas
Occupation	Rancher	Occupation	Housewife

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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 Jan 14 1914, at 2 P M

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

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

Given or christian name added from a supplemental report ____ 191__

Address Payson Ariz

Filed ____ 191__

C H Risser
LOCAL REGISTRAR.

025-114-775
COUNTY REGISTRAR.

Filed Feb 15 1914

B G Fox MD
COUNTY REGISTRAR.

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