

2378

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 **ARIZONA STATE BOARD OF HEALTH**
95

County of Yuma BUREAU OF VITAL STATISTICS State Index No. 95

District of Seabro **ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. 333

Town of _____ Local Registrar's No. _____

or Seabro (No. _____ St; _____ Ward)

City of _____

FULL NAME OF CHILD Stult Born Born YES

If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child	Male	Twin, Triplet or other	<input checked="" type="checkbox"/>	and	Number in order of birth	<input checked="" type="checkbox"/>	Legitimate?	Yes	Date of Birth	Oct 13 1914	
									(Month)	(Day)	(Yr.)

<p>FATHER</p> <p>Full Name <u>Edwin Osborne</u></p> <p>Residence <u>Toombs Addition</u></p> <p>Color or Race <u>White</u> Age at last Birthday <u>43</u> (Years)</p> <p>Birthplace <u>Cornwall</u></p> <p>Occupation <u>Miner</u></p>	<p>MOTHER</p> <p>Full Maiden Name <u>Mary Blight Benrose</u></p> <p>Residence <u>Pame</u></p> <p>Color or Race <u>White</u> Age at last Birthday <u>41</u> (Years)</p> <p>Birthplace <u>Pame</u></p> <p>Occupation <u>Housewife</u></p>
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Number of child of this mother... 5 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 Oct 13 1914, at 4 P M.

{ *When there is no attending physician or midwife, then the householder should make this return. (Signature) O. J. Sturgeon (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191_____ Address _____

Filed Oct 15 1914 B. E. Gray LOCAL REGISTRAR.

Filed Nov 5 1914 B. E. Gray COUNTY REGISTRAR.

065-1013-475
COUNTY REGISTRAR.