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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.

PLACE OF BIRTH
 County of Yuma
 District of Pine
 Town of
 or
 City of (No. St; Ward)

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. Ter. Index No. 1-4
 ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 16
 Local Registrar's No.

FULL NAME OF CHILD Elizabeth Merle Leavitt {Born} YES
 {Alive}
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Girl</u>	Twin, Triplet or other plural	and { Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 21st</u> 191 <u>5</u> (Month) (Day) (Yr.)
FATHER Full Name <u>John Rowland Leavitt</u> Residence <u>Pine</u> Color or Race <u>White</u> Age at last Birthday <u>34</u> (Years) Birthplace <u>Kanosh Utah</u> Occupation <u>Farming</u>		MOTHER Full Maiden Name <u>Lucy Emily Hough</u> Residence <u>Pine</u> Color or Race <u>white</u> Age at last Birthday <u>23</u> (Years) Birthplace <u>Payson</u> Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>	Number of children, of this mother, now living <u>5</u>	Were Precautions taken against Ophthalmia neonatorum? <u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of above child; and that it occurred on, Jan 21st 1915, at M
 (Signature) Annabel Leonard
 (Attending physician, midwife, householder,*)
 Address Pine Arizona
J. H. Patterson
 LOCAL REGISTRAR.
 supplemental report 191..... Filed 191.....
Leavitt 1915 - Beeson
 COUNTY REGISTRAR. COUNTY REGISTRAR.