N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for 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

County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 118 State Index No. 488

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 28

Local Registrar's No.

(No. 301 Inkerville St; Ward)

FULL NAME OF CHILD Isabel Urquhart

Born Alive: YES ~~NO~~

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) (Yr.)
Female				yes	Feb. 5, 1915

FATHER		MOTHER	
Full Name	Alexander Donald Urquhart	Full Maiden Name	Margareth Monteith Steel
Residence	301 Inkerville	Residence	301 Inkerville
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	34	Age at last Birthday (Years)	27
Birthplace	Scotland	Birthplace	Scotland
Occupation	Miner	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 Feb. 5, 1915, at 2 20 P. M.

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

(Signature) F. F. Miller M.D.

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

Address Miami, Ariz.

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

Filed Feb 8 1915 John H. Lodge

LOCAL REGISTRAR.

Filed Mar 5 1915 A True Copy B. G. Fox

COUNTY REGISTRAR.

COUNTY REGISTRAR.