160

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for the number of each, in order of birth, stated. This certificate must be filed by the attending Physician Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of Young.
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 103

Co. Register No. 133

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Goldie Carlaine Brewer

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
girl				yes	April 19 1915 (Month) (Day) (Yr.)

FATHER	MOTHER
Full Name: Charlie Brewer	Full Maiden Name: Lydia Brewer
Residence: Young.	Residence: Young.
Color or Race: Irish — Age at last Birthday 35 (Years)	Color or Race: Scotch — Age at last Birthday 25 (Years)
Birthplace: States Plains Texas	Birthplace: Millsap Texas
Occupation: Farmer	Occupation: House Keeper

Number of child of this mother 3 | Number of children, of this mother, now living 3 | 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 April 19 1915, at Young M.

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

(Signature) Helen Huff
(Attending ~~physician~~, midwife, ~~householder~~.*)

Given or christian name added from a supplemental report 191

Address Young Arizona

Filed 191

LOCAL REGISTRAR.

729-419-329
COUNTY REGISTRAR.

Filed June 15 1915

A True Copy

B. Y. Fox
COUNTY REGISTRAR.