

2305

N. B.—In case of 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 each local Registrar within 6 days after birth.

**PLACE OF BIRTH**  
 County of COCHISE  
 District of DOUGLAS  
 Town of \_\_\_\_\_  
 or  
 City of DOUGLAS (No. 512 - Jerome St.; \_\_\_\_\_ Ward)

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS **76** State Index No. **456**  
**ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. 472  
 Local Registrar's No. \_\_\_\_\_

**FULL NAME OF CHILD** Irvin Blicherstaff } Born } **YES**  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } **NO**

Sex of Child Female Twin, Triplet or other # \_\_\_\_\_ and Number in order of birth # \_\_\_\_\_ Legitimate? Yes Date of Birth Aug 22 1915  
 (Month) (Day) (Yr.)

**FATHER**  
 Full Name Wilson Blicherstaff  
 Residence Douglas Ariz  
 Color or Race White Age at last Birthday 31 (Years)  
 Birthplace Iud  
 Occupation Mechanic

**MOTHER**  
 Full Maiden Name Oliver Rose Ripplin  
 Residence Douglas Ariz  
 Color or Race White Age at last Birthday 29 (Years)  
 Birthplace N. Y.  
 Occupation Housewife

Number of child of this mother... 1 Number of children, of this mother, now living... 1 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 Aug 22, 1915, at 6 P M.  
 \*When there is no attending physician or midwife, then the householder should make this return.

(Signature) E. W. Cameron  
 (Attending physician, midwife, householder.)\*  
 Address Douglas Ariz

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Filed 9/4 1915 E. W. Cameron  
 LOCAL REGISTRAR.

926-822-679  
 COUNTY REGISTRAR.

Filed Sept 14 1915 A True Copy W. C. Patton  
 COUNTY REGISTRAR.