

2402

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 5 days after birth.

AMENDMENT ATTACHED
PLACE OF BIRTH **ARIZONA STATE BOARD OF HEALTH**

County of Yavapai BUREAU OF VITAL STATISTICS 158 State Index No. 524
District of Pima ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 153
Town of " " Local Registrar's No. 46
or
City of (No. St; Ward)

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

Sex of Child male Twin, Triplet or other single and Number in order of birth 1 Legitimate? yes Date of Birth Aug 2nd 1915
(Month) (Day) (Yr.)

FATHER
Full Name Roy Saline
Residence Pima
Color or Race white Age at last Birthday 40 (Years)
Birthplace Utah
Occupation Cattleman

MOTHER
Full Maiden Name Ethelou Bluff
Residence Pima
Color or Race white Age at last Birthday 39 (Years)
Birthplace Utah
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 8/2 1915; at 3a. M.
{ *When there is no attending physician or midwife, then the householder should make this return. (Signature) R. B. Bryan
(Attending physician, midwife, householder.)

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

Filed 9/3 1915 LOCAL REGISTRAR. Mrs. R. B. Bryan
Filed 9/1 1915 -A True Copy G. S. MARTIN
COUNTY REGISTRAR. COUNTY REGISTRAR.