

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL

CERTIFICATE OF BIRTH.

121 894-
Ter. Index No. 275

PLACE OF BIRTH
County of Gila
District of Young
Town of Young
or
City of _____

Register No. _____
St.; _____ Ward)

FULL NAME OF CHILD James Roland Turner Born Yes No

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

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Sept 8</u> 19 <u>15</u>
Full Name <u>W. L. Turner</u>		FATHER		MOTHER	
Residence <u>Young Ariz.</u>		Residence <u>Young Ariz.</u>		Residence <u>Young Ariz.</u>	
Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>22</u> (Years)	Occupation <u>Home wife</u>	
Birthplace <u>Lans Tex.</u>		Birthplace <u>St Thomas. Ariz.</u>		Occupation <u>Home wife</u>	

Number of child of this mother 3 Number of children, of this mother, now living 3 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 Sept 8, 1915, at 10 P.M.

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

(Signature) W. L. Turner
(Attending physician, midwife, householder, *)

Given or christian name added from a supplemental report _____ 19____ Filed _____ 19____ Address Young Ariz

139-908-539
COUNTY REGISTRAR.

A TRUE COPY.
Filed Sept 20 1915 W. L. Scott
LOCAL REGISTRAR.
COUNTY REGISTRAR