

4293

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of.....  
District of.....  
Town of.....  
or  
City of.....

BUREAU OF VITAL STATISTICS 130 State Index No. 514  
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 321  
Local Registrar's No.....  
(No..... St;..... Ward)

FULL NAME OF CHILD Lillie Jar Chow { 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 1 } Legiti-mate? YES Date of Birth NOV. 21 1915 (Month) (Day) (Yr.)

FATHER  
Full Name Jar Chow  
Residence Globe, Ariz.  
Color or Race Chinese Age at last Birthday 51 (Years)  
Birthplace San Francisco, Calif.  
Occupation Merchant

MOTHER  
Full Maiden Name Ho She Gam  
Residence Globe, Ariz.  
Color or Race Chinese Age at last Birthday 32 (Years)  
Birthplace China  
Occupation Housewife

Number of child of this mother.....4 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 NOV. 21, 1915, at 4 P.M.  
{ \*When there is no attending physi- }  
{ cian or midwife, then the householder }  
{ should make this return. } (Signature) [Handwritten Signature]

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

Address [Handwritten Address]

Filed [Handwritten Date] 1915

LOCAL REGISTRAR. [Handwritten Signature]

Filed [Handwritten Date] 1915 A True Copy

COUNTY REGISTRAR. [Handwritten Signature]

COUNTY REGISTRAR.