

2306

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 135
 Co. Register No. 587
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

| | | | | | |
|---------------------------------|---|-------------------------|---------------------------------------|---|--|
| Sex of Child <u>7</u> | Twin, Triplet or other <u>1</u> | and | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>Oct 2</u> 191 <u>9</u> (Month) (Day) (Yr.) |
| FATHER | | | MOTHER | | |
| Full Name <u>Wm Blake Terry</u> | | | Full Maiden Name <u>Sarah Jackson</u> | | |
| Residence <u>Miami</u> | | | Residence <u>Miami</u> | | |
| Color or Race <u>Wh</u> | Age at last Birthday <u>47</u> (Years) | Color or Race <u>Wh</u> | | Age at last Birthday <u>42</u> (Years) | |
| Birthplace <u>Texas</u> | | | Birthplace <u>Texas</u> | | |
| Occupation <u>Salesman</u> | | | Occupation <u>N</u> | | |

Number of child of this mother 11 Number of Children, of this mother, now living 8 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct 2 1919, at 119 M.

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

(Signature) Robert E. Jones M.D.
 (Attending physician, midwife, householder,*)

Given or Christian name added from a Supplemental report _____ 191____

Address Nov 17 1919

938-1002-215 A True Copy
 COUNTY REGISTRAR. Filed 11/22 1919

W. B. Brayton
 LOCAL REGISTRAR.

B. E. Joy
 COUNTY REGISTRAR.