

744

Write in Ink, with Unfaded Ink.—This is a Permanent Record.

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 the Local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Navajo
District of Pine Top
Town of Pine Top
or
City of Navajo

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. 221

ORIGINAL CERTIFICATE OF BIRTH. *Ter. Index # 16*
County Register No. 26
St.; _____ Ward)

FULL NAME OF CHILD Finrence Edward Adair 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 and Number in order of birth 4 Legitimate? yes Date of Birth Jan 21 1912
(Month) (Day) (Year)

FATHER
Full Name John Macair
Residence Pine Top Ariz
Color or Race White Age at last Birthday 37 (Years)
Birthplace Hammock Mich
Occupation Farmer

MOTHER
Full Maiden Name Cynthia Penrod
Residence Pine Top Ariz
Color or Race White Age at last Birthday 33 (Years)
Birthplace Mich
Occupation Housekeeper

Number of child of this mother 9 | Number of children, of this mother, now living 7 | 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 Jan 21, 1912, at _____ M

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

(Signature) Loretta Hansen
(Attending physician, midwife, householder.)

Given or christian name added from a

supplemental report _____ 19____

Filed 2/1 1912

Address Lakeside

319-121-374
COUNTY REGISTRAR.

A TRUE COPY.
Filed 2/6 1912

Albert Penrod
LOCAL REGISTRAR.
[Signature]
COUNTY REGISTRAR