

1222

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.

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH. Index No. 138

PLACE OF BIRTH  
County of Maricopa  
District of NO 1  
Town of Phoenix (No. 1029 West Taylor) Register No. 713  
City of Phoenix St.; 2<sup>nd</sup> Ward

FULL NAME OF CHILD Hazel Keranford Born  Yes  
Alive  No

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

Sex of Child <u>Female</u>	Twin, Triplet or other <u>No</u>	(Number in order of birth) <u>7<sup>th</sup></u>	Legitimate? <u>Yes</u>	Date of Birth <u>October 2</u> 19 <u>09</u> (Month) (Day) (Year)
FATHER		MOTHER		
Full Name <u>Samuel F. Keranford</u>	Full Maiden Name <u>Nancy Berry</u>			
Residence <u>1029 West Taylor St.</u>	Residence <u>1029 West Taylor</u>			
Color or Race <u>White</u>	Age at last Birthday <u>39</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)	
Birthplace <u>Arkansas</u>	Birthplace <u>Alabama</u>			
Occupation <u>Carpenter</u>	Occupation <u>Housewife</u>			

Number of child of this mother 7 Number of children, of this mother, now living 6 Were precautions taken against Ophthalmia neonatorum? 70

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* "

I hereby certify that I attended the birth of above child; and that it occurred on Oct. 2, 1909, at 6<sup>25</sup>/<sub>4</sub> P.M.

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

(Signature) J. M. Severson  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_ Filed Oct. 9 1909. Address H. K. Beauchamp  
334-1002-528 COUNTY REGISTRAR. Oct 13 1909 H. K. Beauchamp LOCAL REGISTRAR.  
H. K. Hughes COUNTY REGISTRAR.