

4400

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 Cochise ARIZONA TERRITORIAL BOARD OF HEALTH  
 District of ..... BUREAU OF VITAL STATISTICS. Ter. Index No. 79  
 Town of ..... ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 82  
 City of ..... Local Registrar's No. 57

FULL NAME OF CHILD Thomas Clay Pichel (No. .... St; ..... Ward)  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. {Born} YES  
 {Alive} NO

Sex of Child Male Twin, Triplet or other plural 1 and Number in order of birth 1 Legitimate? Yes Date of Birth Sept 1 1912  
 (Month) (Day) (Yr.)

FATHER  
 Full Name George C. Pichel  
 Residence Flagstaff Arizona  
 Color or Race White Age at last Birthday 36 (Years)  
 Birthplace Newport Ky  
 Occupation Clerk

MOTHER  
 Full Maiden Name Margery Coaker  
 Residence Flagstaff, Arizona  
 Color or Race White Age at last Birthday 23 (Years)  
 Birthplace Brooklyn, N.Y.  
 Occupation Clk.

Number of child of this mother 1st Number of children, of this mother, now living 1 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 1 1912, at 11 M.  
 (Signature) R. O. Raymond  
 (Attending physician, midwife, householder,\*)  
 Address Flagstaff  
 supplemental report ..... 191..... Filed Sept 7 1912  
393-901-479 Filed Oct 5 1912  
 COUNTY REGISTRAR. LOCAL REGISTRAR. COUNTY REGISTRAR.