## 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. SEE INSTRUCTIONS ON OTHER SIDE. PERMANENT BINDING <u>0</u> MARGIN RESERVED FOR INK-THIS UNFADING WITH PLAINLY WRITE

3-6-12 10m

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROMPTLY REGISTERED.	
PLACE OF BIRTH	STATE BOARD OF HEALTH FILE NO. 400 3
County of Bur Older	ERTIFICATE OF BIRTH,
Date July 36-10/ STATE OF UTAH.	
authority Sa Record &	
Street and No. L. Co. Alice	
City of	
FULL NAME OF CHILD Dorile Supplemental report as directed	
Sex of Fernale Twin, Triplet, or Other?    Sex of Fernale   Twin, Triplet, or Other?   and Sumber   In Order   Service	HA Legiti- yes Date of Oct 24, 19/2 [Month] [Day] [Year]
FULL FATHER White	MAIDEN Martha Oliva Owers
RESIDENCE / Willard	RESIDENCE Millard
COLOR MALE AGE AT LAST 36 [Years]	COLOR MAN AGE AT LAST 9 H BIRTHDAY YEars]
BIRTHPLACE Willard Mah	BIRTHPLACE WAllard
occupation Farmer	nousewife
Number of Child of this Mother	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of this child, and that it occurred on Oct 24 1912 at 3-P. M.	
Premature no or Still Birth? no (Yes or No)	
( *When there was no attending physician or ) [Signature] (MNML [Signature]	
anidwife, then the father, householder, etc., Date Mor H 1912 Bright Sician or Midwife]	
Give name added from supplemental report Address of Physician or Midwlfe	
	C. 5- 19/2 baroline Perry
REGISTRAR. Registered No. 26	