

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.

STATE BOARD OF HEALTH FILE No. 117  
**CERTIFICATE OF BIRTH,**  
 STATE OF UTAH. 624

PLACE OF BIRTH  
 County of Boulder  
 Precinct of Englewood  
 Town or Village of Englewood  
 City of Brigham

Street and No. ....  
 If in Hospital or other Institution, give its name instead of Street and number.

FULL NAME OF CHILD ..... If child is not named, make supplemental report as directed

Sex of Child <u>Female</u>	Twin, Triplet, or Other? <u>Single</u>	and	Number In Order of Birth <u>4</u>	Legitimate? <u>yes</u>	Date of Birth <u>Mar. 20</u> , 19 <u>10</u> <small>[Month] [Day] [Year]</small>
FULL NAME FATHER <u>Ernest Horsley</u>			FULL MAIDEN NAME MOTHER <u>May Matthias</u>		
RESIDENCE <u>Brigham</u>			RESIDENCE <u>Brigham</u>		
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> <small>[Years]</small>		COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>34</u> <small>[Years]</small>	
BIRTHPLACE <u>Brigham</u>			BIRTHPLACE <u>Brigham</u>		
OCCUPATION <u>Merchant</u>			OCCUPATION <u>Housewife</u>		
Number of Child of this Mother <u>4</u>			Number of children of this Mother now living <u>4</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, and that it occurred on March 20, 1910 at 8 a. M.

Premature No or Still Birth? No (Yes or No)

*\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

[Signature] J. Dwight Harding  
 Date April 4, 1910  
 [Physician or Midwife]

Give name added from supplemental report  
 \_\_\_\_\_ 19\_\_\_\_

Address of Physician or Midwife Brigham Utah

Filed April 5, 1910 R. A. Pearne  
REGISTRAR.

Registered No. 37

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING 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. SEE INSTRUCTIONS ON OTHER SIDE.

8-26-09-5M.

**SUPPLEMENTAL REPORT OF BIRTH, STATE OF UTAH**

This return should preferably be made by the person who made the original, and filed with the local Registrar as soon as child is named

Registered Number\* 37

Place of Birth\* Brigham city No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration district)

SEX OF CHILD\* Twin\* } and } Number\*  
 Female } or other? } In order  
 of birth

DATE OF BIRTH\* March 20, 1910  
(Month) (Day) (Year)

FATHER  
 FULL\* NAME Ernest Horsley

MOTHER  
 FULL\* MAIDEN NAME May Matthias

\*These items to be entered by Registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named:

Helen Horsley  
(Given name in full) (Surname)

(Signature) J. Dwight Harding  
(Physician or Midwife)

MARGIN RESERVED FOR BINDING  
 This supplemental report is to be sent to the State Board of Health with the original report or forwarded later.