2200

N. B.—In case of [illegible] the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of San Carlos

Town of .....

or

City of .....

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

398 State Index No. .....

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. .....

Local Registrar's No. .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD no name

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

Born / Alive — YES / NO

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Female				Yes	Feb. 9 1915

FATHER		MOTHER	
Full Name	Wallace Waterman	Full Maiden Name	unknown
Residence	San Carlos	Residence	San Carlos
Color or Race	Indian	Color or Race	Indian
Age at last Birthday (Years)	45	Age at last Birthday (Years)	30
Birthplace	Ariz	Birthplace	Ariz
Occupation	Farmer	Occupation	Housewife

Number of child of this mother..... | Number of children, of this mother, now living..... | Were precautions taken against Ophthalmia neonatorum?.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that ~~[illegible]~~ the birth of above child; ~~and that it~~ occurred on Feb. 9 1915, at ..... M.

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

(Signature) N. R. Wallentine

(~~Attending~~ physician, ~~midwife, householder~~.*)

Given or christian name added from a supplemental report ..... 191....

Address San Carlos Ariz

*Filed ..... 191....

LOCAL REGISTRAR.

065-209-000

COUNTY REGISTRAR.

Filed ..... 191....

A True Copy

COUNTY REGISTRAR.