

2201

N. B.—In case of multiple births, this certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

**PLACE OF BIRTH** **ARIZONA STATE BOARD OF HEALTH**  
 County of Yuma **BUREAU OF VITAL STATISTICS** **399** State Index No. ~~399~~  
 District of San Carlos **ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. ....  
 Town of ..... Local Registrar's No. ....  
 or .....  
 City of ..... (No. .... St; ..... Ward)

**FULL NAME OF CHILD** ..... { Born } YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } ~~NO~~

Sex of Child <u>male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Y</u>	Date of Birth <u>Feb. 11</u> 191 <u>5</u> (Month) (Day) (Yr.)
<b>FATHER</b>			<b>MOTHER</b>		
Full Name <u>John Bullis</u>			Full Maiden Name <u>Maud</u>		
Residence <u>San Carlos</u>			Residence <u>San Carlos</u>		
Color or Race <u>Indian</u>		Age at last Birthday <u>25</u> (Years)		Color or Race <u>Indian</u>	
Birthplace <u>Arizona</u>		Age at last Birthday <u>26</u> (Years)		Birthplace <u>Arizona</u>	
Occupation			Occupation <u>Housewife</u>		

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 I attended the birth of above child; and that it occurred on ..... 191....., at ..... M.  
 { \*When there is no attending physician or midwife, then the householder should make this return. }  
 (Signature) ..... (Attending physician, midwife, householder.\*)  
 Address.....  
 Given or christian name added from a supplemental report ..... 191.....  
 Filed..... 191..... LOCAL REGISTRAR.  
 A True Copy  
 Filed..... 191..... COUNTY REGISTRAR.  
022-211-400  
 COUNTY REGISTRAR.