

2202

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Pima
District of San Carlos
Town of _____
or
City of _____

BUREAU OF VITAL STATISTICS **400** State Index No. _____
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. _____
Local Registrar's No. _____
(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 male Twin, Triplet or other _____ } and } Number in order of birth _____ Legitimate? yes Date of Birth Feb 15 1915
(Month) (Day) (Yr.)

FATHER
Full Name Jose Juan
Residence San Carlos
Color or Race Indian Age at last Birthday 28 (Years)
Birthplace Ariz.
Occupation _____

MOTHER
Full Maiden Name Blonna
Residence San Carlos
Color or Race Indian Age at last Birthday 22 (Years)
Birthplace Ariz.
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 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.*)

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

Address.....

Filed..... 191..... LOCAL REGISTRAR.

015-215-400
COUNTY REGISTRAR.

A True Copy
Filed..... 191..... COUNTY REGISTRAR.

the number of each; in order of birth, states. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.