2273

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

ORIGINAL CERTIFICATE OF BIRTH

470 State Index No. ~~357~~

Co. Register No. .....

Local Registrar's No. .....

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

FULL NAME OF CHILD no name (still born) Born / Alive ~~Yes~~ No

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	June 8 1915 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Roy Harney	Full Maiden Name	Hattie (unknown)
Residence	San Carlos	Residence	San Carlos
Color or Race	Indian	Color or Race	Indian
Age at last Birthday	29 (Years)	Age at last Birthday	28 (Years)
Birthplace	Ariz	Birthplace	Ariz
Occupation	Laborer	Occupation	Teacher

Number of child of this mother 5 | Number of children, of this mother, now living 3 | 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 June 8 1915, at [illegible] A.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 .....

Filed ..... 191....

LOCAL REGISTRAR.

A True Copy

088-608-800

COUNTY REGISTRAR.

Filed ..... 191....

COUNTY REGISTRAR.