

2283

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 Rice
 Town of _____
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **480** State Index No. **461**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. _____
 Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Wilson Dudley } 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>July 7</u> 191 <u>5</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Wm Dudley</u>			Full Maiden Name <u>Zoe Harris</u>		
Residence <u>Rice</u>			Residence <u>Rice</u>		
Color or Race <u>Indian</u>		Age at last Birthday <u>22</u> (Years)	Color or Race <u>Indian</u>		Age at last Birthday <u>24</u> (Years)
Birthplace <u>Ariz</u>			Birthplace <u>Ariz</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>		Number of children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>Y</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that ~~attended~~ the birth of above child; and that ~~it~~ occurred on July 7, 1915, at _____ M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) W R Hallentine
 (Attending physician, midwife, householder. *)
 Given or christian name added from a supplemental report _____ 191_____
 Address _____
 Filed _____ 191_____
 A True Copy LOCAL REGISTRAR.
 Filed _____ 191_____
 COUNTY REGISTRAR. COUNTY REGISTRAR.

648-707-940
COUNTY REGISTRAR.