

2285

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 **482**

State Index No. **468**

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. \_\_\_\_\_

Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD none } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child male } and } Number in order of birth } Legitimate? yes } Date of Birth July 26 1915  
Twin, Triplet or other } } } } } (Month) (Day) (Yr.)

FATHER  
Full Name JC 33  
Residence San Carlos  
Color or Race Indian Age at last Birthday 40 (Years)  
Birthplace Ariz  
Occupation Farmer

MOTHER  
Full Maiden Name unmarried  
Residence San Carlos  
Color or Race Indian Age at last Birthday 30 (Years)  
Birthplace Ariz  
Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1 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 July 28 1915, at \_\_\_\_\_ M.

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

(Signature) H. B. Wallentine  
(attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address San Carlos

000-728-000  
COUNTY REGISTRAR.

Filed \_\_\_\_\_ 191\_\_\_\_\_ LOCAL REGISTRAR.

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