2303

**PLACE OF BIRTH**

County of Gila

District of Rice

Town of ..... or City of .....

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 499 State Index ~~No. 475~~

**ORIGINAL CERTIFICATE OF BIRTH**

Co. Register No. .....

Local Registrar's No. .....

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

FULL NAME OF CHILD none

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

Born / Alive — YES / NO

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth |
|---|---|---|---|---|---|
| male | | | | Yr | Aug (Month) 17 (Day) 1915 (Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Frank Hado | Full Maiden Name | unknown |
| Residence | Rice | Residence | Rice |
| Color or Race | Indian | Color or Race | Indian |
| Age at last Birthday | 30 (Years) | Age at last Birthday | 28 (Years) |
| Birthplace | Ariz | Birthplace | Ariz |
| Occupation | Farmer | 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 Aug 17 1915, at ..... M.

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

(Signature) N. R. Mallentine

(~~Attending~~ physician, ~~midwife, householder~~.*)

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

Address Bear Creek

Filed ..... 191....

LOCAL REGISTRAR.

A True Copy

Filed ..... 191....

COUNTY REGISTRAR.

091-817-5-00

COUNTY REGISTRAR.