

2304

Midwife with each local Registrar within 5 days after birth. THIS certificate must be filed by the attending physician.

PLACE OF BIRTH

County of Pima  
District of San Carlos  
Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 500 State Index No. 476

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar 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 Aug 19 1915  
(Month) (Day) (Yr.)

FATHER  
Full Name Henry Snow  
Residence San Carlos  
Color or Race Indian Age at last Birthday 34  
Birthplace Ariz  
Occupation Farmer

MOTHER  
Full Maiden Name Elizabeth (unknown)  
Residence San Carlos  
Color or Race Indian Age at last Birthday 32  
Birthplace Ariz  
Occupation Farmer

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 19 1915, at \_\_\_\_\_ M.

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

(Signature) H. R. Wallerstein  
(Attending physician, midwife, householder.)\*

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

Address San Carlos Ariz

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

026-819-500  
COUNTY REGISTRAR.

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