2305

the number of each, in order of birth, stated. This certificate must be filed by 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 501 State Index No. ~~447~~

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. .....

Local Registrar's No. .....

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

FULL NAME OF CHILD ..... 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 (Month) (Day) (Yr.)
Male				Yes	Aug 30 1917

FATHER		MOTHER	
Full Name	Kendall Cassa	Full Maiden Name	✓
Residence	Rice	Residence	Rice
Color or Race	Indian	Color or Race	Indian
Age at last Birthday	31 (Years)	Age at last Birthday	30 (Years)
Birthplace	Ariz	Birthplace	Ariz
Occupation	Laborer	Occupation	Housewife

Number of child of this mother 3 ... | Number of children, of this mother, now living 2 ... | 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 ..... 191..., at ..... M.

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

(Signature) N. R. Wallentine

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

Address Sta Cruz

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

Filed ..... 191.....

LOCAL REGISTRAR.

031-830-000

COUNTY REGISTRAR.

A True Copy

Filed ..... 191.....

COUNTY REGISTRAR.