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BOARD OF HEALTH

State Inc

Co. Regis

Local Regist

St;

Be

Ali

Sex of Child

Birth (Month) (Day)

OTHER

Age at last Birthday

taken against Ophthalmia neonatorum?

MIDWIFE\*

191

physician, midwife, ho

LOCAL REGIS

COUNTY REGIS

MARGIN RESERVED FOR BINDING

Write Plainly with Unfading Ink.—This is a Permanent Record.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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 **ARIZONA STATE BOARD OF HEALTH**

District of San Carlos, Ariz **BUREAU OF VITAL STATISTICS** **511** State Index No. 4860

**ORIGINAL CERTIFICATE OF BIRTH** Co. Registrar No. \_\_\_\_\_

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

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

City of \_\_\_\_\_

**FULL NAME OF CHILD** Ruth Chinn { Born } YES

If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } ~~NO~~

Sex of Child	<u>Female</u>	Twin, Triplet or other		and	Number in order of birth	Legitimate?	<u>yes</u>	Date of Birth	<u>Aug 27</u> 191 <u>5</u>
								(Month) (Day) (Yr.)	

<b>FATHER</b>				<b>MOTHER</b>			
Full Name	<u>Joseph Chinn</u>			Full Maiden Name	<u>unknown</u>		
Residence	<u>San Carlos</u>			Residence	<u>San Carlos</u>		
Color or Race	<u>Indian</u>	Age at last Birthday	<u>50</u> (Years)	Color or Race	<u>Indian</u>	Age at last Birthday	<u>35</u> (Years)
Birthplace	<u>Arizona</u>			Birthplace	<u>Ariz</u>		
Occupation	<u>farmer</u>			Occupation	<u>housewife</u>		

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 ~~attended~~ the birth of above child; ~~and that it~~ occurred on Aug 27 1915, at \_\_\_\_\_ M.

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

(Signature) M. P. Vallentine (Attending physician, midwife, householder. \*)

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

934-827-000 COUNTY REGISTRAR. Filed.....191..... A True Copy LOCAL REGISTRAR. COUNTY REGISTRAR.