2318

PLACE OF BIRTH

County of Gila

District of San Carlos

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 514 State Index No. ~~489~~

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. .....

Local Registrar's No. .....

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

FULL NAME OF CHILD Frank Sisto

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 (Month) (Day) (Yr.)
male				yes	Sept 1 1915

FATHER

Full Name: Melvin Sisto

Residence: San Carlos

Color or Race: Indian — Age at last Birthday: 30 (Years)

Birthplace: Ariz

Occupation: Farmer

MOTHER

Full Maiden Name: Unknown

Residence: San Carlos

Color or Race: Indian — Age at last Birthday: 28 (Years)

Birthplace: Ariz

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; ~~stillborn~~ it occurred on Sept 1 1915, at ..... M.

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

(Signature) N. P. Wallacing

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

Address San Carlos

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

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

..... LOCAL REGISTRAR.

626-901-000

..... COUNTY REGISTRAR.

A True Copy

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

..... COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth.