

2320

the number of each, in order of birth, stated. This certificate must be filed by the attending midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **516** State Index No. **491**

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. \_\_\_\_\_

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

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

FULL NAME OF CHILD

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

Sex of Child male Twin, Triplet or other \_\_\_\_\_ and Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth Sept 5 1915  
(Month) (Day) (Yr.)

FATHER  
Full Name Simon Delma  
Residence San Carlos  
Color or Race Indian Age at last Birthday 36  
(Years)  
Birthplace Ariz  
Occupation Labourer

MOTHER  
Full Maiden Name unknown  
Residence San Carlos  
Color or Race Indian Age at last Birthday 31  
(Years)  
Birthplace Ariz  
Occupation Housewife

Number of child of this mother... 7 Number of children, of this mother, now living... 7 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 Sept 5 1915, at \_\_\_\_\_ M.

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

(Signature) M. R. Hollister  
(Attending physician, midwife, householder, etc.)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address San Carlos

Filed \_\_\_\_\_ 191\_\_\_\_\_

A True Copy LOCAL REGISTRAR.

0-21-905-006  
COUNTY REGISTRAR.

Filed \_\_\_\_\_ 191\_\_\_\_\_

COUNTY REGISTRAR.