

2321

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

ARIZONA STATE BOARD OF HEALTH

County of Yuma  
District of Rice  
Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS **517** State Index No. **492**  
**ORIGINAL CERTIFICATE OF BIRTH** Co. Register 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 }

Sex of Child Female } and } Number in order of birth \_\_\_\_\_ Legitimate? Y Date of Birth Sept 8 1915  
(Month) (Day) (Yr.)

FATHER  
Full Name Joseph Climer  
Residence Rice  
Color or Race Indian Age at last Birthday 35 (Years)  
Birthplace Ariz  
Occupation Farmer

MOTHER  
Full Maiden Name L  
Residence Rice  
Color or Race Indian Age at last Birthday 37 (Years)  
Birthplace Ariz  
Occupation Housewife

Number of child of this mother 4 Number of children, of this mother, now living 4 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) W. R. Wallcut  
(Attending physician, midwife, householder\*)

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

Address San Carlos

Filed \_\_\_\_\_ 191\_\_\_\_ LOCAL REGISTRAR.

034-908-000  
COUNTY REGISTRAR.

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