2322

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of San Carlos

Town of .....

or

City of .....

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

518 State Index No. .....

Co. Register No. .....

Local Registrar's No. .....

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

FULL NAME OF CHILD Edna Garcia

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.)
Female				yes	Sept 11 1915

FATHER		MOTHER	
Full Name	John Garcia	Full Maiden Name	Antonia
Residence	San Carlos	Residence	San Carlos
Color or Race	Indian	Color or Race	Indian
Age at last Birthday	(Years)	Age at last Birthday	(Years)
Birthplace	Ariz	Birthplace	Ariz
Occupation	Tribe	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; ~~and that it~~ occurred on Sept 11 1915, at ..... M.

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

(Signature) N. R. Ballentine

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

Address San Carlos

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

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

LOCAL REGISTRAR.

571-911-000

COUNTY REGISTRAR.

A True Copy

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

COUNTY REGISTRAR.