

2324

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

BUREAU OF VITAL STATISTICS **520** State Index No. 495

District of San Carlos

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

Town of .....

Local Registrar's No. ....

or  
City of .....

(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 15 1915  
(Month) (Day) (Yr.)

**FATHER**  
Full Name Robert Mc Adoo  
Residence San Carlos  
Color or Race Indian Age at last Birthday 37 (Years)  
Birthplace Arizona  
Occupation Barns maker

**MOTHER**  
Full Maiden Name Gemine Dickens  
Residence San Carlos  
Color or Race Indian Age at last Birthday 25 (Years)  
Birthplace Ariz  
Occupation Housewife

Number of child of this mother. 6 ... Number of children, of this mother, now living. 3 ... 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 15 1915, at 9 A M.

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

(Signature) N. R. Wallenty  
(Attending physician, midwife, householder. \*)

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

Address San Carlos

Filed ..... 191..... LOCAL REGISTRAR.

046-918-742  
COUNTY REGISTRAR.

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