

2325

N. B.—In case of more than one child at a birth, a SEPARATE CERTIFICATE must be made for each, in 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

County of Yuma
District of Rice
Town of _____
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **521** State Index No. **490**
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 } NO

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Y</u>	Date of Birth <u>Sept 22</u> 191 <u>5</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Chas Antonio</u>			Full Maiden Name <u>Irene Austin</u>		
Residence <u>Rice</u>			Residence <u>Rice</u>		
Color or Race <u>Indian</u>		Age at last Birthday <u>27</u> (Years)		Color or Race <u>Indian</u>	
Birthplace <u>Ariz</u>		Age at last Birthday <u>25</u> (Years)		Birthplace <u>Ariz</u>	
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		
Number of child of this mother... <u>2</u>		Number of children, of this mother, now living... <u>2</u>		Were precautions taken against Ophthalmia neonatorum?	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that ~~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) H. R. Wallentine
(Attending physician, midwife, householder.)

Given or christian name added from a supplemental report _____ 191____
Address San Carlos

Filed _____ 191____ LOCAL REGISTRAR.
A True Copy
Filed _____ 191____ COUNTY REGISTRAR.

016-982-915
COUNTY REGISTRAR.