2343

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

District of Rice

Town of .....

or

City of .....

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 539 State Index No. ~~509~~

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. .....

Local Registrar's No. .....

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

FULL NAME OF CHILD ..... Born / Alive YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Oct 31 1915 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Henry Hopkins	Full Maiden Name	✓
Residence	Rice	Residence	Rice
Color or Race	Indian	Color or Race	Indian
Age at last Birthday	32 (Years)	Age at last Birthday	31 (Years)
Birthplace	Ariz	Birthplace	Ariz.
Occupation	Laborer	Occupation	Housewife

Number of child of this mother 6 | Number of children, of this mother, now living 6 | 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) N. R. Wallentine
(Attending physician, midwife, householder.*)

Address San Carlos

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

Filed ..... 191....

LOCAL REGISTRAR.

A True Copy

082-1031-000
COUNTY REGISTRAR.

Filed ..... 191....

COUNTY REGISTRAR.