2369

N. B.—In case of more than one child at a birth, a Certificate 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 San Carlos

Town of San Carlos
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 555 State Index No. ~~516~~

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No.

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD No name

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			3	Yes	Nov 4 1915

FATHER		MOTHER	
Full Name	Allen Dude	Full Maiden Name	Ada Dude
Residence	San Carlos	Residence	San Carlos
Color or Race	Indian	Color or Race	Indian
Age at last Birthday (Years)	38	Age at last Birthday (Years)	38
Birthplace	San Carlos, Ariz.	Birthplace	Arizona
Occupation	Day labourer	Occupation	Housewife

Number of child of this mother 3rd | 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 Nov 4 1915, at M.

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

(Signature) N. R. Hallentine
~~(Attending~~ physician, ~~midwife, householder~~.*)

Given or christian name added from a supplemental report 191

Address

Filed 191

LOCAL REGISTRAR.

A True Copy

045-1104-145
COUNTY REGISTRAR.

Filed 191

COUNTY REGISTRAR.