2372

N. B.—In case of more than one child at a birth, a SEPARATE [illegible] must be made for each, [illegible] 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 Pin

Town of

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

568 State Index No. ~~520~~

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No.

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD

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

Born / Alive: YES / ~~NO~~

Sex of Child: Female | ~~Twin, Triplet~~ or other: One | and | Number in order of birth | Legitimate? yes | Date of Birth: Dec (Month) 14 (Day) 1915 (Yr.)

FATHER

Full Name: Ben Norman J.7.25

Residence: Rice

Color or Race: Indian | Age at last Birthday: 33 (Years)

Birthplace: Ariz

Occupation: Laborer

MOTHER

Full Maiden Name: Minnie Galsum

Residence: Rice

Color or Race: Indian | Age at last Birthday: 23 (Years)

Birthplace: Ariz

Occupation: House Keeper

Number of child of this mother: 2nd | Number of children, of this mother, now living: 2 | 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 Dec 14 1915, at M.

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

(Signature) [illegible]

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

Given or christian name added from a supplemental report 191

Address [illegible]

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LOCAL REGISTRAR.

055-1214-475

COUNTY REGISTRAR.

A True Copy

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COUNTY REGISTRAR.