

2381

N. B.—In case of more than one child at a birth a SEPARATE REPORT 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 577 State Index 495  
**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 }

Sex of Child <u>Male</u>	Twin, Triplet or other <u>One</u>	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 5</u> 191 <u>6</u> (Month) (Day) (Yr.)
<b>FATHER</b>			<b>MOTHER</b>		
Full Name <u>Kaufman Thompson S. P. 84</u>			Full Maiden Name _____		
Residence <u>Rice</u>			Residence <u>Rice</u>		
Color or Race <u>Indian</u>	Age at last Birthday <u>35</u> (Years)	Color or Race <u>Indian</u>		Age at last Birthday <u>33</u> (Years)	Birthplace _____
Occupation <u>Laborer</u>			Occupation <u>Home keeper</u>		
Number of child of this mother... <u>5</u>		Number of children, of this mother, now living... <u>5</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 Jan 5 1916, at \_\_\_\_\_ M.

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

(Signature) M. P. Wallentine  
 (Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191 \_\_\_\_\_

Address San Carlos Ariz

Filed \_\_\_\_\_ 191 \_\_\_\_\_ LOCAL REGISTRAR.  
 A True Copy  
 Filed \_\_\_\_\_ 191 \_\_\_\_\_ COUNTY REGISTRAR.

035-105-000  
 COUNTY REGISTRAR.