2384

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

Town of ..... or City of .....

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 380 State Index No. ~~598~~

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: Male | Twin, Triplet or other: One | and | Number in order of birth: | Legitimate? Yes | Date of Birth: Jan (Month) 14 (Day) 1916 (Yr.)

FATHER

Full Name: Stephen Smith S. J. 5

Residence: Peridot

Color or Race: Indian | Age at last Birthday: 45 (Years)

Birthplace:

Occupation: Laborer

MOTHER

Full Maiden Name:

Residence: Peridot

Color or Race: Indian | Age at last Birthday: 34 (Years)

Birthplace:

Occupation: Home Keeper

Number of child of this mother: 6 | Number of children, of this mother, now living: 5 | 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 Jan. 14 1916, at ..... M.

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

(Signature) N. R. Mullentine

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

Address San Carlos

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

Filed ..... 191.....

LOCAL REGISTRAR.

A True Copy

038-114-000

COUNTY REGISTRAR.

Filed ..... 191.....

COUNTY REGISTRAR.