[redacted]

259

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. [redacted]

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No.

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of San Carlos Agency.

Town of

or

City of

(No. St; Ward)

FULL NAME OF CHILD C 7 32

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~~ Female					March 13 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	C 7 32	Full Maiden Name	
Residence	San Carlos Agency	Residence	San Carlos Agency
Color or Race	Indian	Color or Race	Indian
Age at last Birthday (Years)		Age at last Birthday (Years)	
Birthplace	San Carlos Agency	Birthplace	San Carlos Agency
Occupation		Occupation	

Number of child of this mother..... Number of children, of this mother, now living..... Were precautions taken against Ophthalmia neonatorum? No.

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

Address.....

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

Filed April 23 1914 Waywell Herman M.D.
LOCAL REGISTRAR.

A True Copy

0-0-313-0-0-0
COUNTY REGISTRAR.

Filed.....191.....
COUNTY REGISTRAR.

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

Write legibly with indelible ink.—This is a permanent record.