[redacted]

263

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. [redacted]

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No.

Local Registrar's No.

County of Gila

District of

Town of San Carlos Agency.

or

City of (No. St; Ward)

FULL NAME OF CHILD May Mitchell's Baby

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 (Month) (Day) (Yr.)
Female					March 20 1914

FATHER		MOTHER	
Full Name	Ernest Brown (Alias)	Full Maiden Name	May Mitchell (Alias)
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 1 | 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 Maynell Herman MD
LOCAL REGISTRAR.

A True Copy

043-320-443
COUNTY REGISTRAR.

Filed 191
COUNTY REGISTRAR.

Midwife with each local registrar within 5 days.