268

PLACE OF BIRTH

County of Gila

District of

Town of San Carlos Agency.

or

City of (No. St; Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No.

Co. Register No.

Local Registrar's No.

FULL NAME OF CHILD J B 20

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

Born Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Female				Yes	April 1 1914

FATHER	MOTHER
Full Name: J B 20.	Full Maiden Name: C. B 11 Alias April
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 M.D.
LOCAL REGISTRAR.

A True Copy

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

000-401-000
COUNTY REGISTRAR.