448

# ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH.

Ter. Index No. 97

Register No. 65

PLACE OF BIRTH

County of Gila

District of

Town of San Carlos

or

City of

(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 Female | Twin, Triplet or other and Number in order of birth 3rd | Legitimate? Yes | Date of Birth August (Month) 23rd (Day) 1909 (Year)

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | John Talgo (S.N.5) | Full Maiden Name | Yundehe |
| Residence | San Carlos Arizona | Residence | San Carlos Arizona. |
| Color or Race | Indian | Color or Race | Indian |
| Age at last Birthday | 33 (Years) | Age at last Birthday | 24 (Years) |
| Birthplace | Arizona | Birthplace | Arizona |
| Occupation | Laborer | Occupation | House-wife. |

Number of child of this mother 3 | Number of children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? Not known

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug. 23, 1909, at 4 P. M

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

(Signature) John Talgo ~~(Attending physician, midwife,~~ householder. *)

Given or christian name added from a supplemental report 19

Filed Sept 4 1909

Address San Carlos Ariz

Carl B. Boyd M.D.

LOCAL REGISTRAR.

Filed Sept 9 1909

B. G. Fitzmaurice

COUNTY REGISTRAR.

COUNTY REGISTRAR.

036-823-085

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 the Local registrar within 5 days after birth.