1907

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 97

PLACE OF BIRTH

County of Gila

District of

Town of San Carlos

or

City of

Register No. 154

(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 Single and Number in order of birth 3 | Legitimate? yes | Date of Birth December (Month) 22 (Day) 1909 (Year)

FATHER		MOTHER	
Full Name	Eskinaus	Full Maiden Name	Tsaai
Residence	San Carlos Arizona	Residence	San Carlos Arizona
Color or Race	Indian	Color or Race	Indian
Age at last Birthday	40 (Years)	Age at last Birthday	39 (Years)
Birthplace	Arizona	Birthplace	Arizona
Occupation	Indian Policeman	Occupation	House Wife

Number of child of this mother 3 | Number of children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on ....., 19....., at ..... M

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

(Signature) .....

(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 19.....

Filed Jan. 10" 1910

Address

Carl B. Boyd M.D.

LOCAL REGISTRAR.

~~A TRUE COPY.~~

052-1222-039

COUNTY REGISTRAR.

Filed June 13 1910

B. S. Fox M.D.

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 birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local registrar 5 days after birth.

...y, with Outstanding Ink.—This is a Permanent Record.

BOARD OF HEALTH JAN 15 1910 THE SEPTIC RESERVOIR