1912

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.

This is a Permanent Record.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 101

Register No. 155

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 Male | Twin, Triplet or other Single | and Number in order of birth 2 | Legitimate? yes | Date of Birth December (Month) 25th (Day) 1909 (Year)

FATHER	MOTHER
Full Name: William Crawford	Full Maiden Name: Cix-aj
Residence: San Carlos Arizona	Residence: San Carlos Arizona
Color or Race: Indian	Color or Race: Indian
Age at last Birthday: 38 (Years)	Age at last Birthday: 39 (Years)
Birthplace: Arizona	Birthplace: Arizona
Occupation: Laborer	Occupation: House-Wife

Number of child of this mother 2 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Not known

TERRITORIAL BOARD OF HEALTH RECEIVED JAN 15 1910 THE OFFICE PHOENIX

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.
A TRUE COPY. LOCAL REGISTRAR.

034-1225-031 Filed Jan 13 1910 B. G. Fox M.D.
COUNTY REGISTRAR. COUNTY REGISTRAR