

2605

Write Plainly, with Unfading Ink. This is a Permanent Record.

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.

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH
County of Gila
District of San Carlos
Town of San Carlos
or
City of _____

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 65
Register No. 41
(No. _____ St.; _____ Ward)

FULL NAME OF CHILD _____ } Born } Yes }
_____ } Alive } 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 Legiti- mate? yes Date of Birth Feb. 9 1910
(Month) (Day) (Year)

FATHER
Full Name Claude Martin
Residence San Carlos
Color or Race Indian Age at last Birthday 29 (Years)
Birthplace Arizona
Occupation Laborer

MOTHER
Full Maiden Name Hilda
Residence San Carlos
Color or Race Indian Age at last Birthday 31 (Years)
Birthplace Arizona
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 _____, 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 Mar. 5 1910

Address to Carl B. Boyd M.D.

045-209-800
COUNTY REGISTRAR.

A TRUE COPY. Filed Mar 7 1910

B. S. Galloway
LOCAL REGISTRAR.
COUNTY REGISTRAR