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Write clearly, 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. These certificates must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH  
 County of Gila  
 District of San Carlos  
 Town of San Carlos  
 City of \_\_\_\_\_

ARIZONA TERRITORIAL BOARD OF HEALTH  
 ORIGINAL BUREAU OF VITAL STATISTICS.  
 CERTIFICATE OF BIRTH. Ter. Index No. 78  
 Register No. 92  
 (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD \_\_\_\_\_  
 If child is not named, make Supplemental report on blank obtainable from local registrar. Born  Yes / Alive  No

Sex of Child <u>Male</u>	Twin, Triplet or other <u>Single</u>	Number and in order of birth <u>2</u>	Legitimate <u>yes</u>	Date of Birth <u>April 11</u>	19 <u>10</u>
FATHER			MOTHER		
Full Name <u>John Natsinahaha</u>			Full Maiden Name <u>T. Synatene</u>		
Residence <u>San Carlos Arizona</u>			Residence <u>San Carlos Arizona</u>		
Color or Race <u>Indian</u> Age at last Birthday <u>52</u> (Years)			Color or Race <u>Indian</u> Age at last Birthday <u>35</u> (Years)		
Birthplace <u>Arizona</u>			Birthplace <u>Arizona</u>		
Occupation <u>Laborer</u>			Occupation <u>House Wife</u>		

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

ARIZONA TERRITORIAL BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 RECEIVED  
 MAY 18 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 I hereby certify that I attended the birth of above child; and that it occurred on April 11, 1910, at \_\_\_\_\_ M.  
 (Signature) \_\_\_\_\_ (Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_  
 Filed May 11 1910 Address Dr. Carl B. Boyd  
 A TRUE COPY. LOCAL REGISTRAR.  
 Filed May 14 1910 B. S. Gray COUNTY REGISTRAR.

051-411-035  
 COUNTY REGISTRAR.