551

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 83

Register No. 91

PLACE OF BIRTH

County of Gila

District of San Carlos

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 1 | Legitimate? yes | Date of Birth April (Month) 18th (Day) 1910 (Year)

FATHER	MOTHER
Full Name: Judd D Jokiye	Full Maiden Name: Kedikay
Residence: San Carlos Arizona	Residence: San Carlos Arizona
Color or Race: Indian; Age at last Birthday: 33 (Years)	Color or Race: Indian; Age at last Birthday: 27 (Years)
Birthplace: Arizona	Birthplace: Arizona
Occupation: Laborer	Occupation: Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Not known

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS PHOENIX MAY 14 1910

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 ..... 19..... Address Dr. Carl B. Boyd.

~~A TRUE COPY~~. LOCAL REGISTRAR.

045-418-028 Filed May 9 1910 B. G. Fiot M.D.

COUNTY REGISTRAR. 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, in order birth, stated. The certificate must be filed by the attending Physician or Midwife with the Local registrar within 5 days after birth.

Write plainly, with Unfading Ink.—This is a Permanent Record.