

7685

Write 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.

PLACE OF BIRTH  
County of Gila  
District of San Carlos  
Town of San Carlos  
or City of \_\_\_\_\_  
(No. \_\_\_\_\_) Register No. 159 St.; \_\_\_\_\_ Ward)

ARIZONA TERRITORIAL BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS.  
ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 85

FULL NAME OF CHILD \_\_\_\_\_  
If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child <u>Female</u>	Twin, Triplet or other <u>Single</u>	and Number in order of birth <u>4</u>	Legiti mate? <u>yes</u>	Date of Birth <u>July 10</u> 19 <u>10</u>	Born Alive <u>Yes</u>
Full Name <u>San Mc Intosh</u>	FATHER			Full Maiden Name <u>Flora</u>	MOTHER
Residence <u>San Carlos, Arizona</u>				Residence <u>San Carlos, Arizona</u>	
Color or Race <u>Indian</u>	Age at last Birthday <u>33</u> (Years)			Color or Race <u>Indian</u>	Age at last Birthday <u>32</u> (Years)
Birthplace <u>Arizona.</u>				Birthplace <u>Arizona</u>	
Occupation <u>Day laborer</u>				Occupation <u>House wife</u>	
Number of children of this mother <u>4</u>	Number of children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>Not</u>			

Received at \_\_\_\_\_  
AUG 15 1910  
I hereby certify that I attended the birth of above child; and that it occurred on July 10, 1910, at 39 P.M.

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_  
(Signature) \_\_\_\_\_  
(Attending physician, midwife, householder. \*)

Filed Aug. 9 1910 Address Dr. Carl B. Boyd  
A TRUE COPY. LOCAL REGISTRAR.  
Filed Aug 11 1910 B.S. S. or W.W. COUNTY REGISTRAR  
048-710-600