1856

Write Plainly, with Ordinary 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.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. 207

Register No. 93

PLACE OF BIRTH

County of Navajo

District of Keams Canyon

Town of Polacca

or

City of

(No. ..... St.; ..... Ward)

FULL NAME OF CHILD Unnamed — Born Alive Yes ~~No~~

If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child Female — Twin, Triplet or other 1 and Number in order of birth 1 — Legitimate? Yes — Date of Birth July (Month) (Day) 1910 (Year)

FATHER		MOTHER	
Full Name	Hobbie	Full Maiden Name	Paul Sanwa
Residence	Polacca	Residence	Polacca, Arizona
Color or Race	Indian — Age at last Birthday 1 (Years)	Color or Race	Indian — Age at last Birthday (Years)
Birthplace	Polacca, Arizona	Birthplace	Polacca Arizona
Occupation	Indian Farmer	Occupation	Housewife

Number of child of this mother 1 — Number of children, of this mother, now living 1 — Were precautions taken against Ophthalmia neonatorum? No

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 July 31 1910 — Address

Wm B. Morrow — LOCAL REGISTRAR.

A TRUE COPY.

Filed Aug 8 1910 — [signature] — COUNTY REGISTRAR

COUNTY REGISTRAR.

000 - 700 - 071