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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 86

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 267

Local Registrar's No. ____

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 Female | Twin, Triplet or other Single | and | Number in order of birth 2 | Legitimate? yes | Date of Birth December 1 (Month) (Day) 1910 (Yr.)

FATHER	MOTHER
Full Name: Francis Drake	Full Maiden Name: Ma
Residence: San Carlos, Arizona	Residence: San Carlos, Arizona
Color or Race: Indian	Color or Race: Indian
Age at last Birthday: 42 (Years)	Age at last Birthday: 20 (Years)
Birthplace: Arizona	Birthplace: Arizona
Occupation: Day Laborer	Occupation: House-wife

Number of child of this mother: 2 | Number of children, of this mother, now living: 2 | 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 should make this return.

(Signature) ____ (Attending physician, midwife, householder.*)

Address ____

Given or christian name added from a supplemental report ____ 191__

Filed Jan. 5 1911 — Dr. Carl B. Boyd, LOCAL REGISTRAR.

045-1201-000, COUNTY REGISTRAR.

Filed Jan 9 1911 — B. Y. Gray M.D., COUNTY REGISTRAR.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for 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.