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

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 97

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 265

Local Registrar's No.

(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	Twin, Triplet or other	and	Number: in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Female	Single		1	yes	December 16 1910

FATHER	MOTHER
Full Name: A. W. Hetherington	Full Maiden Name: Elsie Tuzza
Residence: Arizona	Residence: San Carlos, Arizona
Color or Race: White	Color or Race: Indian
Age at last Birthday (Years): Not Known	Age at last Birthday (Years): 19
Birthplace: Not Known	Birthplace: Arizona
Occupation: Day Laborer	Occupation: House-wife

Number of child of this mother: 1 | Number of children, of this mother, now living: 1 | Were Precautions taken against Ophthalmia neonatorum?

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. *)

Given or christian name added from a supplemental report 191

Address

Filed Jan. 5 1911 Dr. Carl B. Boyd

LOCAL REGISTRAR.

085-1216-531

COUNTY REGISTRAR.

Filed Jan 9 1911 B. G. Fox M.D.

COUNTY REGISTRAR.