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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Tar. Index No. 101

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 286

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 1 | Legitimate? yes | Date of Birth December 20th 1910 (Month) (Day) (Yr.)

FATHER	MOTHER
Full Name: Richard Nakiz	Full Maiden Name: Kuaquetsage
Residence: San Carlos, Arizona	Residence: San Carlos, Ariz.
Color or Race: Indian	Color or Race: Indian — Age at last Birthday 47 (Years)
Age at last Birthday 33 (Years)	
Birthplace: Arizona	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? Yes

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.

Filed Jan 9 1911 B. G. Hoff M.D. COUNTY REGISTRAR.

059-1220-025 COUNTY REGISTRAR.

—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.