

2608

Record.

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 3 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. 80
 ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 90
 Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____ { Born } YES
 { Alive } NO

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

Sex of Child <u>Female</u>	Twins, Triplet or other <u>Single</u>	and	Number; in order of birth <u>4</u>	Legitimate? <u>yes</u>	Date of Birth <u>April 7</u> 19 <u>11</u> (Month) (Day) (Yr.)
Full Name <u>John Galgo</u>	FATHER		Full Maiden Name <u>Zundeke</u>	MOTHER	
Residence <u>San Carlos Arizona</u>	Residence <u>San Carlos Arizona</u>		Residence <u>San Carlos Arizona</u>		
Color or Race <u>Indian</u>	Age at last Birthday <u>32</u> (Years)	Color or Race <u>Indian</u>	Age at last Birthday <u>33</u> (Years)	Birthplace <u>Arizona</u>	
Occupation <u>Ray Laborer</u>	Occupation <u>Housewife</u>		Occupation <u>Housewife</u>		

Number of child of this mother 4 Number of children, of this mother, now living 3 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, Apr. 7 1911, at 3 A. 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____

036-407-083 COUNTY REGISTRAR.

Filed May 4 1911 Address R. Carl Boyd
 LOCAL REGISTRAR.
 Filed May 5 1911 1025 1/2 W. 1st St
 COUNTY REGISTRAR.