

KCCOIA  
In case of more than one child at a birth, a SEPARATE REPORT must be made for each, and the number of each, in order, must be stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.

# ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 111  
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 124  
Local Registrar's No. \_\_\_\_\_

PLACE OF BIRTH  
County of Pima  
District of San Carlos  
Town of San Carlos  
or  
City of \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward) Born } YES  
Alive } NO

### FULL NAME OF CHILD

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

Sex of Child Male Twin, Triplet or other Single and Number: in order of birth 1st Legitimate? yes Date of Birth May 10 1911  
(Month) (Day) (Yr.)

FATHER  
Full Name George Wright  
Residence San Carlos Arizona  
Color or Race Indian Age at last Birthday 28 (Years)  
Birthplace Arizona  
Occupation Cattle Line Rider

MOTHER  
Full Maiden Name Sarah Morris  
Residence San Carlos Ariz.  
Color or Race Indian Age at last Birthday 19 (Years)  
Birthplace Arizona  
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, etc.)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Filed June 10 1911

Address Dr. Carl B. Boyd  
LOCAL REGISTRAR.

Filed 6/13 1911

B. J. Gray  
COUNTY REGISTRAR.

063-510-242  
COUNTY REGISTRAR.