

* In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in each 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

ARIZONA TERRITORIAL BOARD OF HEALTH

County of Gila
District of San Carlos
Town of San Carlos
or
City of _____

BUREAU OF VITAL STATISTICS. 110 ~~114~~
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 126

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 Male { Twin, Triplet or other } Single and { Number; in order of birth } 3 Legitimate? yes Date of Birth May 25 1911.
(Month) (Day) (Yr.)

FATHER
Full Name Eskelutsage
Residence San Carlos Arizona
Color or Race Indian Age at last Birthday 39 (Years)
Birthplace Arizona
Occupation Day Laborer

MOTHER
Full Maiden Name Makinajilka
Residence San Carlos Ariz
Color or Race Indian Age at last Birthday 27 (Years)
Birthplace Arizona
Occupation Housewife

Number of child of this mother 3 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, May 25 1911, at 2 P 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 Dr. Carl P. Boyd
LOCAL REGISTRAR.

Filed June 10 191__
Filed 6/13 191__

000-525-054
COUNTY REGISTRAR.

COUNTY REGISTRAR.