1431

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 ?

Town of Cibecue

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

Ter. Index No. 104

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 257

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Peter Peaches. Born YES / Alive NO

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

Sex of Child	Twin, Triplet or other plural	Number; in order of birth	Legitimate?	Date of Birth
Male	No	10	yes	September (Month) 15 (Day) 1912 (Yr.)

FAHTER	MOTHER
Full Name: Zoay Peaches	Full Maiden Name: Tza-zin-zin-ay.
Residence: Cibecue, Gila Co. Arizona.	Residence: Cibecue, Gila Co. Arizona.
Color or Race: Indian, Apache. Age at last Birthday 50 (Years)	Color or Race: Apache Indian. Age at last Birthday 49 (Years)
Birthplace: Arizona.	Birthplace: Arizona.
Occupation: Farmer	Occupation: House wife.

Number of child of this mother 10 | Number of children, of this mother, now living 9 | Were Precautions taken against Ophthalmia neonatorum? No.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Aug. 15th 1912, *at* XXX

No Physician attended.

*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 *Filed* 191

Address Whiteriver, Arizona/

H V Hailman
LOCAL REGISTRAR.

772-915-300
COUNTY REGISTRAR.

Filed 11-10 1912

J M Bazell
COUNTY REGISTRAR.