

11153

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of Rice
Town of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 109
County Registrar No. 374
Local Registrar No. _____

City of _____ No. _____ St. _____ Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Walter Porter (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 5 4 24 (Month Day Year)

8. FATHER
Full name Duncan Porter
9. Residence (Usual place of abode) Rice Ariz
If nonresident, give place and state
10. Color or race 4/4 Indian
11. Age at last birthday 41 (Years)
12. Birthplace (city or place) San Carlos Resemb
(State or country)
13. Occupation Labina
Nature of industry

14. MOTHER
Full maiden name Ruth Miller
15. Residence (Usual place of abode) Rice Ariz
If nonresident, give place and state
16. Color or race 4/4 Indian
17. Age at last birthday 34 (Years)
18. Birthplace (city or place) San Carlos Resemb
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated.
(Born alive or stillborn.) W. L. Woods, M.D.
Signature _____ (Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Address Rice Ariz

Given name added from a supplemental report _____ Month, day, year. _____
Filed _____, 19____
Filed 6-5, 1924 W. L. Woods Local Registrar.
B. G. J. J. County Registrar.

Registrar.

679-504-949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MAINTAIN RECORDS FOR FUTURE REFERENCE
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.