

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Heala
 Town of _____
 or _____
 City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 125
 County Registrar No. _____
 Local Registrar No. _____

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

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>1 21 26</u> Month Day Year
		5. No. in order of birth _____		

8. FATHER
 Full name Thomas Boni
 9. Residence (Usual place of abode) Heala Ariz
 If non-resident, give place and state.
 10. Color or race 4/8 Indian
 11. Age at last birthday 35 (Years)
 12. Birthplace (city or place) San Carlos Ariz
 (State or country)
 13. Occupation Common Laborer
 Nature of Industry

14. MOTHER
 Full maiden name Agnes Takkali
 15. Residence (Usual place of abode) Heala Ariz
 If non-resident, give place and state.
 16. Color or race 4/8 Indian
 17. Age at last birthday 31 (Years)
 18. Birthplace (city or place) Rice Ariz
 (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 <u>3</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>no</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P m. on the date above stated
 (Born alive or stillborn)

* 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.
 Signature O. H. Saenger M.D.
 Address San Carlos Ariz
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Filed _____, 19____
 Local Registrar O. H. Saenger

Registrar _____
 Filed _____, 19____
 County Registrar _____

129-121-139