

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

1. County of Sila

District of Rice

Town of _____

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131

County Registrar No. _____

Local Registrar No. _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child June Mahsile

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? _____

7. Date of birth 6 20 26
Month day year

5. No., in order of birth _____

8. FATHER

Full name Unknown

14. MOTHER

Full maiden name Rachel Mahsile

9. Residence

(Usual place of abode) Unknown

If nonresident, give place and state _____

15. Residence

(Usual place of abode) Rice Ariz

If nonresident, give place and state _____

10. Color or race 1/2 Indian

11. Age at last birthday 7 (Years)

16. Color or race 1/2 Indian

17. Age at last birthday 39 (Years)

12. Birthplace (city or place) San Carlos Ariz

(State or country) Ariz

18. Birthplace (city or place) San Carlos Ariz

(State or country) Ariz

13. Occupation

Nature of industry Unknown

19. Occupation

Nature of industry Housewife

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 7
(b) Born alive but now dead 1
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I Report attended the birth of this child, who was Born alive at 10 A.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 evidences of life after birth.

Signature _____

Address San Carlos Ariz

Given name added from a supplemental report _____

Month, day, year. _____

Filed _____

19 _____

Filed _____

19 _____

Registrar. _____

County Registrar. _____

County Registrar. _____

643-620-943