

PLACE OF BIRTH

1. County of GilaDistrict of Rice

Town of _____

or

City of _____ No. _____ St. _____ Ward _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 154

County Registrar No. _____

Local Registrar No. _____

2. Full name of child Mary Elizabeth Talkalai
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
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. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth 12 15 26
Month day year3. FATHER
Full name Walter Talkalai9. Residence (Usual place of abode) Rice, Ariz
If nonresident, give place and state10. Color or race 1/4 Indian 11. Age at last birthday 25 (Years)12. Birthplace (city or place) San Carlos
(State or country) Ariz13. Occupation Farmer
Nature of industry14. MOTHER
Full maiden name Fanny Allen15. Residence (Usual place of abode) Rice, Ariz
If nonresident, give place and state16. Color or race 1/4 Indian 17. Age at last birthday 19 (Years)18. Birthplace (city or place) San Carlos
(State or country) Ariz19. Occupation Housewife
Nature of industry20. 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. 1
(b) Born alive but now dead. 0
(c) Stillborn. 021. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.00 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 evidences of life after birth.

Given name added from a supplemental report

Signature J. H. Davis M.D.
(Physician or midwife)Address Rice, Ariz

Filed _____, 19____

Local Registrar.

Filed _____, 19____

County Registrar.

Registrar.

439-1215-615

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

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.