

PLACE OF BIRTH

AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of San Carlos

Town of \_\_\_\_\_

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

2. Full name of child Verna Hunter (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

To be answered ONLY in event of plural births.

Female

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? \_\_\_\_\_

7. Date of birth

5. No., in order of birth. yes

yes

1-1-27  
Month day year

8. FATHER  
Full name Edward Hunter

14. MOTHER  
Full maiden name Lola Kay

9. Residence (Usual place of abode) San Carlos  
If nonresident, give place and state Ariz

15. Residence (Usual place of abode) San Carlos  
If nonresident, give place and state Ariz

10. Color or race  
1/4 Indian

11. Age at last birthday 33 (Years)

16. Color or race  
1/4 Indian

17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Byles  
(State or country) Ariz

18. Birthplace (city or place) San Carlos  
(State or country) Ariz

13. Occupation Common Laborer  
Nature of industry

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 6  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. 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 2 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.

Signature P. H. Sawyer M.D.  
(Physician or midwife)

Address San Carlos Ariz

Given name added from a supplemental report

Month, day, year.

Filed \_\_\_\_\_, 19\_\_\_\_

Local Registrar.

Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

589-101-378

in order of birth stated.