ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 170
County Registrar No.
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of Rice
Town of Rice
or
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 Stillborn Goode } 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 1 (Month) 17 (day) 27 (year)

FATHER

8. Full name George Goode

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

10. Color or race 4/4 Indian

11. Age at last birthday 44 (Years)

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

13. Occupation
Nature of industry Farmer

MOTHER

14. Full maiden name Clara

15. Residence (Usual place of abode) Rice
If nonresident, give place and state Arizona

16. Color or race 4/4 Indian

17. Age at last birthday 46 (Years)

18. Birthplace (city or place) Rice
(State or country) Ariz

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 6
(b) Born alive but now dead 2
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? No

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended~~ the birth of this child, who was Stillborn (Born alive or stillborn.) at 10 a.m. on the date above stated.

*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 C H Sawyer MD (Physician or midwife)
Address San Carlos Ariz

Given name added from a supplemental report ..... Month, day, year.

Filed ....., 19.... C H Sawyer Local Registrar

Registrar.

Filed ....., 19.... County Registrar.

075-117-300

N. B.—In case of more than one birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.