

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

PLACE OF BIRTH

1. County of Lila  
 District of San Carlos  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 206  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Kenneth Kichigan (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 Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 1 30- 27  
 } 5. No., in order of birth \_\_\_\_\_ Month day year

3. FATHER  
 Full name Dekora Kichigan  
 9. Residence (Usual place of abode) San Carlos  
 If nonresident, give place and state Ariz

14. MOTHER  
 Full maiden name Helen Banasaw  
 15. Residence (Usual place of abode) San Carlos  
 If nonresident, give place and state Ariz

10. Color or race 4/4 Indian  
 11. Age at last birthday 30 (Years)

16. Color or race 4/4 Indian  
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) San Carlos  
 (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 heretofore certified and including this child.)  
 (a) Born alive and now living 2  
 (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 attended the birth of this child, who was born alive at 4 P (Born alive or stillborn.) \_\_\_\_\_ 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 R. H. Sawyer M.D.  
 (Physician or midwife)

Address San Carlos Ariz

Given name added from supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_  
 Registrar. \_\_\_\_\_ Local Registrar. R. H. Sawyer  
 County Registrar.

225-130-825