

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
 1. County of Yuma  
 District of Sau Carlos  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 State Index No. 159  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Louise Harney  
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? \_\_\_\_\_  
 5. No., in order of birth eyes  
 7. Date of birth 2 18 27  
Month day year

FATHER		MOTHER	
8. Full name <u>Charles Harney</u>		14. Full maiden name <u>Pearl Watson</u>	
9. Residence (Usual place of abode) <u>Sau Carlos, Ariz</u> <small>If nonresident, give place and state</small>		15. Residence (Usual place of abode) <u>Sau Carlos, Ariz</u> <small>If nonresident, give place and state</small>	
10. Color or race <u>1/4 Indian</u>	11. Age at last birthday <u>42</u> (Years)	16. Color or race <u>1/4 Indian</u>	17. Age at last birthday <u>39</u> (Years)
12. Birthplace (city or place) <u>Sau Carlos, Ariz</u> <small>(State or country)</small>		18. Birthplace (city or place) <u>Sau Carlos, Ariz</u> <small>(State or country)</small>	
13. Occupation <u>Common Laborer</u> <small>Nature of industry</small>		19. Occupation <u>Housewife</u> <small>Nature of industry</small>	

20. Number of children of this mother { (a) Born alive and now living 3  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 2  
 (c) Stillborn \_\_\_\_\_  
 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 6 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 C. H. Sawyer M.D.  
(Physician or midwife)  
 Address Sau Carlos Ariz  
 Given name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_  
 Filed \_\_\_\_\_ 19 \_\_\_\_\_  
 Local Registrar. \_\_\_\_\_  
 County Registrar. \_\_\_\_\_  
 Registrar. \_\_\_\_\_

388-218-765

This form must be made for each, and the birth stated.