

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

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 177
County Registrar No. _____
Local Registrar No. _____

1. County of Yuma
District of Rice
Town of _____
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 Alexander Francis Kichigan } 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 2 27 27
Month day year

5. FATHER
Full name John Kichigan
9. Residence (Usual place of abode) Rice Ariz
If nonresident, give place and state _____

14. MOTHER
Full maiden name Mable Doslea
15. Residence (Usual place of abode) Rice Ariz
If nonresident, give place and state _____

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 18 (Years)

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

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

13. Occupation Comm. 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 1
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 8 A 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 San Carlos Ariz

Given name added from a supplemental report _____
Month, day, year. _____
Filed _____ 19____
Local Registrar.

Registrar. _____ Filed _____ 19____ County Registrar.

175-227-441