

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 110
 County Registrar No. _____
 Local Registrar No. _____

PLACE OF BIRTH
 1. County of Yuma
 District of San 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)

2. Full name of child Mona Henry } 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. _____ }
 5. No., in order of birth _____ }
 6. Legitimate? yes }
 7. Date of birth 3-2-27
 Month day year

8. FATHER
 Full name Joseph Henry
 9. Residence (Usual place of abode) San Carlos
 If nonresident, give place and state Wyo
 10. Color or race 1/4 Indian
 11. Age at last birthday 25 (Years)
 12. Birthplace (city or place) San Carlos
 (State or country) Wyo
 13. Occupation Cowman Laborer
 Nature of industry

14. MOTHER
 Full maiden name Ada Patters
 15. Residence (Usual place of abode) San Carlos
 If nonresident, give place and state Wyo
 16. Color or race 1/4 Indian
 17. Age at last birthday 20 (Years)
 18. Birthplace (city or place) San Carlos
 (State or country) Wyo
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0
 (Taken as of time of birth of child herein certified and including this child.)
 21. Were precautions taken against opthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 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 Wyo
 Local Registrar.
 Filed _____ 19____
 Filed _____ 19____

Registrar.

County Registrar.

508-302-175

COOK
 ERMANAGE.
 A STATE RETURN must be made for each, and the number of each, in order of birth stated.