

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of San Carlos
 Town of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136
 County Registrar No. _____
 Local Registrar No. _____

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 Justicia Mallow
 (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 3-9-27
 Month day year

FATHER		MOTHER	
3. Full name <u>Marshall Mallow</u>	14. Full maiden name <u>Hannah Donald</u>		
9. Residence (Usual place of abode) <u>San Carlos</u> If nonresident, give place and state <u>Ariz.</u>	15. Residence (Usual place of abode) <u>San Carlos</u> If nonresident, give place and state <u>Ariz.</u>		
10. Color or race <u>4/8 Indian</u>	16. Color or race <u>4/4 Indian</u>	17. Age at last birthday <u>18</u> (Years)	
11. Age at last birthday <u>31</u> (Years)	18. Birthplace (city or place) <u>San Carlos</u> (State or country) <u>Ariz.</u>		
12. Birthplace (city or place) <u>San Carlos</u> (State or country) <u>Ariz.</u>	19. Occupation <u>Housewife</u> Nature of industry _____		
13. Occupation <u>Common laborer</u> 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 0
 (c) Stillborn 0

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 4 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 P. H. Sawyer M.D.
 (Physician or midwife)
 Address San Carlos Ariz.
 Filed _____ 19____
 Local Registrar.

Given name added from _____
 Month, day, year. _____
 Filed _____ 19____
 County Registrar.

Registrar.

346-309-844

a birth, a SEPARATE RETURN must be made for each, and the number of in order of birth stated.