

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 146  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH  
1. County of Gila  
District of Pevidal  
Town of Rice  
or  
City of \_\_\_\_\_

No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Irene Thome (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. Legitimate? yes 6. Date of birth 4-10-27 (Month Day Year)

7. No., in order of birth \_\_\_\_\_

8. FATHER Full name Jacques Thome 9. Residence (Usual place of abode) Pevidal Ariz If non-resident, give place and state.

10. Color or race 4/4 Indian 11. Age at last birthday 3.3 (Years)

12. Birthplace (city or place) Rice Ariz (State or country)

13. Occupation Nature of industry Farmer

14. MOTHER Full maiden name Juda Koda

15. Residence (Usual place of abode) Pevidal Ariz If non-resident, give place and state.

16. Color or race 4/4 Indian 17. Age at last birthday 35 (Years)

18. Birthplace (city or place) White River Res. Ariz (State or country)

19. Occupation Nature of industry Housewife

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 4 (b) Born alive but now dead 3 (c) Stillborn 0 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 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 evidence of life after birth. Signature C. H. Sawyer M.D. (Physician or midwife) Address Sacramento Ariz

Given name added from a supplemental report \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ Local Registrar C. H. Sawyer

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar \_\_\_\_\_

935-410-651

in in  
order of birth stated.