

PLACE OF BIRTH

1. County of Yuma
 District of San Carlos
 Town of _____
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Marie Hopkins (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (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? yes 7. Date of birth 4-12-27
 Month Day Year

8. FATHER
 Full name Nelson Hopkins
 9. Residence (Usual place of abode) San Carlos Ariz
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Bertha Wilcox
 15. Residence (Usual place of abode) San Carlos Ariz
 If non-resident, give place and state.

10. Color or race 4/4 Indian 11. Age at last birthday 39 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 32 (Years)

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

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

13. Occupation Farmer
 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 2
 (b) Born alive but now dead 0
 (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 11 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 evidence of life after birth.

Signature E. 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.

482-412-267