

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. 1602
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Daniel Dude No. _____ St. _____ Ward _____
 (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 Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 4th 6. Legitimate? yes 7. Date of birth 4-11-27
 Month Day Year

8. FATHER
 Full name Allene Dude

9. 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 49 (Years)

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

13. Occupation Coverman Kellogg
 Nature of industry

14. MOTHER
 Full maiden name Ada ?

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

16. Color or race 4/4 Indian 17. Age at last birthday 37 (Years)

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

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 7 (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 11:30 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 C. H. Sawyer M.D.
 (Physician or midwife.)

Address San Carlos Ariz

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

Registrar Filed _____, 19____
 Local Registrar.

County Registrar.

445-415-100