

## PLACE OF BIRTH

1. County of Pima  
 District of Rice  
 Town of Rice

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163  
 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 Gertrude Hoffman } If child is not yet named, make  
 supplemental report, as directed.

3. Sex of Child Female } To be answered ONLY } 4. Twin, triplet or other. \_\_\_\_\_ } 6. Legitimate? yes  
 in event of plural } } 5. No. in order of birth. \_\_\_\_\_ } 7. Date of birth 4-15-27  
 births. } } } Month day year

3. FATHER Full name <u>Charles Hoffman</u>	14. MOTHER Full maiden name <u>Mary Allen</u>
9. Residence (Usual place of abode) <u>Rice Ariz</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Rice Ariz</u> If nonresident, give place and state

10. Color or race <u>1/4 Indian</u>	11. Age at last birthday <u>22</u> (Years)	16. Color or race <u>1/4 Indian</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) (State or country) <u>Rice Ariz</u>	18. Birthplace (city or place) (State or country) <u>Rice Ariz</u>	13. Occupation Nature of industry <u>Common Laborer</u>	19. Occupation Nature of industry <u>Housewife</u>

20. Number of children of this mother { (a) Born alive and now living 2  
 (b) Born alive but now dead 1  
 (c) Stillborn 0  
 (Taken as of time of birth of child herein certified and including this child.) } 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 Rice, 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.  
 Given name added from a supplemental report \_\_\_\_\_  
 Signature O. H. Sawyer MD (Physician or midwife)  
 Address San Carlos Ariz  
 Filed \_\_\_\_\_ 19 \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_ Local Registrar. \_\_\_\_\_

Registrar.

Filed \_\_\_\_\_ 19 \_\_\_\_\_

County Registrar.

785-415-415