

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Graham
District of Pima
Town of _____
or
City of Ashurst

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 198²
County Registrar No. _____
Local Registrar No. 193

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

2. Full name of child _____
3. Sex of Child male
To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? yes
5. No., in order of birth. _____ 7. Date of birth 4 5 27
Month day year

8. FATHER
Full name John M. Sanders
9. Residence (Usual place of abode) Ashurst
If nonresident, give place and state
10. Color or race white
11. Age at last birthday 39 (Years)
12. Birthplace (city or place) Arizona
(State or country)
13. Occupation Farmer
Nature of industry
14. Number of children of this mother (a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____

14. MOTHER
Full maiden name Emma B. Bryce
15. Residence (Usual place of abode) Ashurst
If nonresident, give place and state
16. Color or race white
17. Age at last birthday 37 (Years)
18. Birthplace (city or place) Arizona
(State or country)
19. Occupation Housewife
Nature of industry
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 6:20 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.
Given name added from supplemental report 022405-525
Signature J. W. Mason (Physician or midwife)
Address _____
Filed Aug 8, 1928 of N. Stratton Local Registrar.
County Registrar.