

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Hela

District of Miami

Town of

or

City of

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 125a

County Registrar No.

Local Registrar No.

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

2. Full name of child Gertrude Gilbert { 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. No., in order of birth. 6. Legitimate? yes 7. Date of birth 5-1-27 Month Day Year

8. FATHER
Full name Claud Gilbert
9. Residence (Usual place of abode) San Carlos, Ariz
If non-resident, give place and state.
10. Color or race 1/4 Indian
11. Age at last birthday 27 (Years)
12. Birthplace (city or place) Repos, Ariz
(State or country)
13. Occupation Common Laborer
Nature of industry

14. MOTHER
Full maiden name Faith Ben
15. Residence (Usual place of abode) San Carlos, Ariz
If non-resident, give place and state.
16. Color or race 1/4 Indian
17. Age at last birthday 27 (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 3 (b) Born alive but now dead 1 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? No

I hereby certify that I attended the birth of this child, who was born alive 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 Local Registrar. Registrar. Filed 19 County Registrar.

773-501-625

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.
 WRITE IN UNFADING INK—THIS IS A PERMANENT RECORD
 AGAIN RESERVED FOR FILING