

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 161
County Registrar No. _____
Local Registrar No. _____

PLACE OF BIRTH
1. County of Sela
District of San Carlos
Town of San Carlos
or
City of _____

2. Full name of child Rachel Randall
(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 _____
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth 5 14 27
Month Day Year

8. FATHER
Full name Wallace Randall

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 25 (Years)

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

13. Occupation Cornucop Laborer
Nature of industry

14. MOTHER
Full maiden name Mollie Roy

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 2
(b) Born alive but now dead 1
(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 8 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 evidence of life after birth.
Signature R. H. Sawyer M.D.
Address San Carlos, Ariz
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____
Filed _____, 19____
Local Registrar R. H. Sawyer

Registrar _____
Filed _____, 19____
County Registrar _____

993-514-594

WRITE PLAIN. 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.
MARGIN RESERVE FOR BINDING.