

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166a
County Registrar No. _____
Local Registrar No. _____

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

2. Full name of child Marie Louise Keaton
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
(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 425 6. Legitimate? yes 7. Date of birth 5 15 27
Month Day Year

8. FATHER
Full name Casper Keaton

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

10. Color or race 1/4 Indian 11. Age at last birthday 44 (Years)

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

13. Occupation Common laborer
Nature of Industry _____

14. MOTHER
Full maiden name Nancy ?

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

16. Color or race 1/4 Indian 17. Age at last birthday 48 (Years)

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

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 6
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 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 C. H. Sawyer MD
(Physician or midwife).

Address San Carlos, Ariz

Given name added from a supplemental report

Month, day, year _____ Filed _____ 19____
C. H. Sawyer
Local Registrar.

Registrar _____ Filed _____ 19____
County Registrar

475-515-500

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 PLAIN UNFADING INK—THIS IS A PERMANENT RECORD