

WRITE IN ONLY BLUE 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 Yuma  
 District of Terlita  
 Town of Rice  
 or  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 187  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Rozina Dili  
 (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 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 5-24-27  
 Month Day Year

8. FATHER  
 Full name Sherman Dili

14. MOTHER  
 Full maiden name Earley Thompson

9. Residence (Usual place of abode) Rice  
 If non-resident, give place and state. King

15. Residence (Usual place of abode) Rice  
 If non-resident, give place and state. King

10. Color or race 1/4 Indian 11. Age at last birthday 30 (Years)

16. Color or race 1/4 Indian 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Rice  
 (State or country) King

18. Birthplace (city or place) Rice  
 (State or country) King

13. Occupation Common Laborer  
 Nature of industry

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 1  
 (b) Born alive but now dead 0  
 (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 3 P. 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, M.D.  
 (Physician or midwife)

Address San Carlos King

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_ Filed \_\_\_\_\_, 19 \_\_\_\_\_  
 Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19 \_\_\_\_\_  
 County Registrar.

949 - 524 - 535