PLACE OF BIRTH

1. County of Gila

District of San Carlos.

Town of Indian Camp Dam Site.

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168

County Registrar No. .....

Local Registrar No. .....

2. Full name of child Seeman Norman } 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 ..... 5. No., in order of birth .....

6. Legitimate? yes

7. Date of birth 6. 20. 27. (Month day year)

8. FATHER	14. MOTHER
Full name: Benjamin Norman	Full maiden name: Minnie ?
9. Residence (Usual place of abode): Rice,	15. Residence (Usual place of abode): Rice,
If nonresident, give place and state: Ariz.	If nonresident, give place and state: Ariz.
10. Color or race: 4/4 Indian	16. Color or race: 4/4 Indian
11. Age at last birthday: 46 (Years)	17. Age at last birthday: 31. (Years)
12. Birthplace (city or place): Rice,	18. Birthplace (city or place): Rice,
(State or country): Ariz.	(State or country): Ariz.
13. Occupation: common laborer.	19. Occupation: housewife.
Nature of industry:	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 5
(b) Born alive but now dead 2
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended the~~ report birth of this child, who was born alive (Born alive or stillborn.) at 9.A.m. on the date above stated.

*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.

Signature C. H. Sawyer M.D. (Physician or midwife)

Address San Carlos, Ariz.

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

235-620-555 Registrar. Filed ..... 19..... County Registrar.

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.