ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132a

County Registrar No.

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of Rice

Town of Rice

or

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

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

2. Full name of child Charles Clayton } 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 7. I. 27. (Month, day, year)

FATHER

8. Full name Andrew Clayton

9. Residence (Usual place of abode) Rice, If nonresident, give place and state Ariz.

10. Color or race 4/4 Indian

11. Age at last birthday 37 (Years)

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

13. Occupation common laborer. Nature of industry

MOTHER

14. Full maiden name Margaret Victor

15. Residence (Usual place of abode) Rice, If nonresident, give place and state Ariz.

16. Color or race 4/4 Indian

17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Rice, (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 3
(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~~ report the birth of this child, who was born alive (Born alive or stillborn.) at 7 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.

335 - 701 - 459

Registrar.

Filed ....., 19..... County Registrar.

...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.

...AND IS A PERMANENT RECORD