

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139
County Registrar No. _____
Local Registrar No. _____

PLACE OF BIRTH
1. County of Yuma
District of San Carlos
Town of _____
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 Adela Carrador (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 7-3-27
Month Day Year

8. FATHER
Full name George Carrador
9. Residence (Usual place of abode) Peridot Ariz
If non-resident, give place and state. _____
10. Color or race 4/4 Indian
11. Age at last birthday 22 (Years)
12. Birthplace (city or place) Peridot Ariz
(State or country) _____
13. Occupation Common Laborer
Nature of industry _____

14. MOTHER
Full maiden name Mary Nolene
15. Residence (Usual place of abode) Peridot Ariz
If non-resident, give place and state. _____
16. Color or race 4/4 Indian
17. Age at last birthday 20 (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 1
(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 12:4 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 E. H. Sawyer MD (Physician or midwife).
Address San Carlos Ariz
Given name added from a supplemental report _____ Filed _____ 19____
Month, day, year 12 7 03 - 455 Local Registrar.
Registrar _____ Filed _____ 19____ County Registrar.